Gout Flare Journal

A gout attack can be triggered by a number of things, both controllable and uncontrollable. Use this journal to track your gout flares and possible triggers. Bring this journal to your health professional so you can discuss ways you can manage or prevent future attacks.

Date of Flare	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time Started	_______ am / pm	_______ am / pm	_______ am / pm	_______ am / pm	_______ am / pm
What joint is affected?					
What symptoms are you experiencing? (Swelling? Fever? Redness? Other?)					
What is the pain level? 1=not severe; 5=most severe	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Did you seek medical care?	☐ ER? ☐ Urgent care? ☐ Physician? ☐ ___________	☐ ER? ☐ Urgent care? ☐ Physician? ☐ ___________	☐ ER? ☐ Urgent care? ☐ Physician? ☐ ___________	☐ ER? ☐ Urgent care? ☐ Physician? ☐ ___________	☐ ER? ☐ Urgent care? ☐ Physician? ☐ ___________
Did you miss work? If so, how many?	☐ No ☐ Yes (# Days: _______)	☐ No ☐ Yes (# Days: _______)	☐ No ☐ Yes (# Days: _______)	☐ No ☐ Yes (# Days: _______)	☐ No ☐ Yes (# Days: _______)
Are you currently on a uric acid lowering mediation? If so, what?	☐ No ☐ Yes (Name: _______________)	☐ No ☐ Yes (Name: _______________)	☐ No ☐ Yes (Name: _______________)	☐ No ☐ Yes (Name: _______________)	☐ No ☐ Yes (Name: _______________)
Possible triggers:	☐ Stress or stressful event ☐ Joint injury ☐ Alcohol - Type/Amount: _______________ ☐ Food - Type/Amount: _______________ ☐ Infection or other illness ☐ Surgery ☐ Crash diet ☐ Medicine - Name: _______________ ☐ Other - Explain: _______________ _______________ _______________	☐ Stress or stressful event ☐ Joint injury ☐ Alcohol - Type/Amount: _______________ ☐ Food - Type/Amount: _______________ ☐ Infection or other illness ☐ Surgery ☐ Crash diet ☐ Medicine - Name: _______________ ☐ Other - Explain: _______________ _______________ _______________	☐ Stress or stressful event ☐ Joint injury ☐ Alcohol - Type/Amount: _______________ ☐ Food - Type/Amount: _______________ ☐ Infection or other illness ☐ Surgery ☐ Crash diet ☐ Medicine - Name: _______________ ☐ Other - Explain: _______________ _______________ _______________	☐ Stress or stressful event ☐ Joint injury ☐ Alcohol - Type/Amount: _______________ ☐ Food - Type/Amount: _______________ ☐ Infection or other illness ☐ Surgery ☐ Crash diet ☐ Medicine - Name: _______________ ☐ Other - Explain: _______________ _______________ _______________	☐ Stress or stressful event ☐ Joint injury ☐ Alcohol - Type/Amount: _______________ ☐ Food - Type/Amount: _______________ ☐ Infection or other illness ☐ Surgery ☐ Crash diet ☐ Medicine - Name: _______________ ☐ Other - Explain: _______________ _______________ _______________
Medicine and dosage taken:					
Effectiveness of medication 1=not effective; 5=very effective	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Non-medical treatment (e.g., ice, rest):					
Effectiveness of treatment 1=not effective; 5=very effective	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Date & Time Flare Ended	_____ / _____ / _____ _______ am / pm	_____ / _____ / _____ _______ am / pm	_____ / _____ / _____ _______ am / pm	_____ / _____ / _____ _______ am / pm	_____ / _____ / _____ _______ am / pm
Other Notes:					

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