

GOUT TRIGGER TRACKER

Use this diary to track your gout symptoms and associated triggers. Fill it in, and take it with you to your healthcare provider's office to discuss your situation.

Gout Flare Onset

Fill in date: (mm/dd/yy) ____/____/____

Time began: _____ AM or PM (circle one)

When was your last flare? (mm/dd/yy) ____/____/____

Duration

Date ended: (mm/dd/yy) ____/____/____

Time ended: _____ AM or PM (circle one)

Medications taken: _____

Effectiveness: (1=least; 5=most) 1 2 3 4 5 (circle one)

Non-medical treatments: _____

Effectiveness: (1=least; 5=most) 1 2 3 4 5 (circle one)

Symptoms

Joint(s) affected: _____

Pain severity: (1=not severe; 5=most severe) 1 2 3 4 5 (circle one)

Swelling? Yes No (circle one)

Fever? Yes No (circle one)

Redness? Yes No (circle one)

Other symptoms? Yes No (circle one)

Please explain: _____

Has your gout affected other joints in the past? Yes No (circle one)

Which joints? _____

Possible Triggers

(check all that apply)

Stress or stressful event

Joint injury

Alcohol (type/amount: _____)

Food (name: _____)

Infection or another illness

Surgery

Crash diet

Medicine (name: _____)

Other (if so, please explain) _____

If you have any other comments or concerns, list them here:

