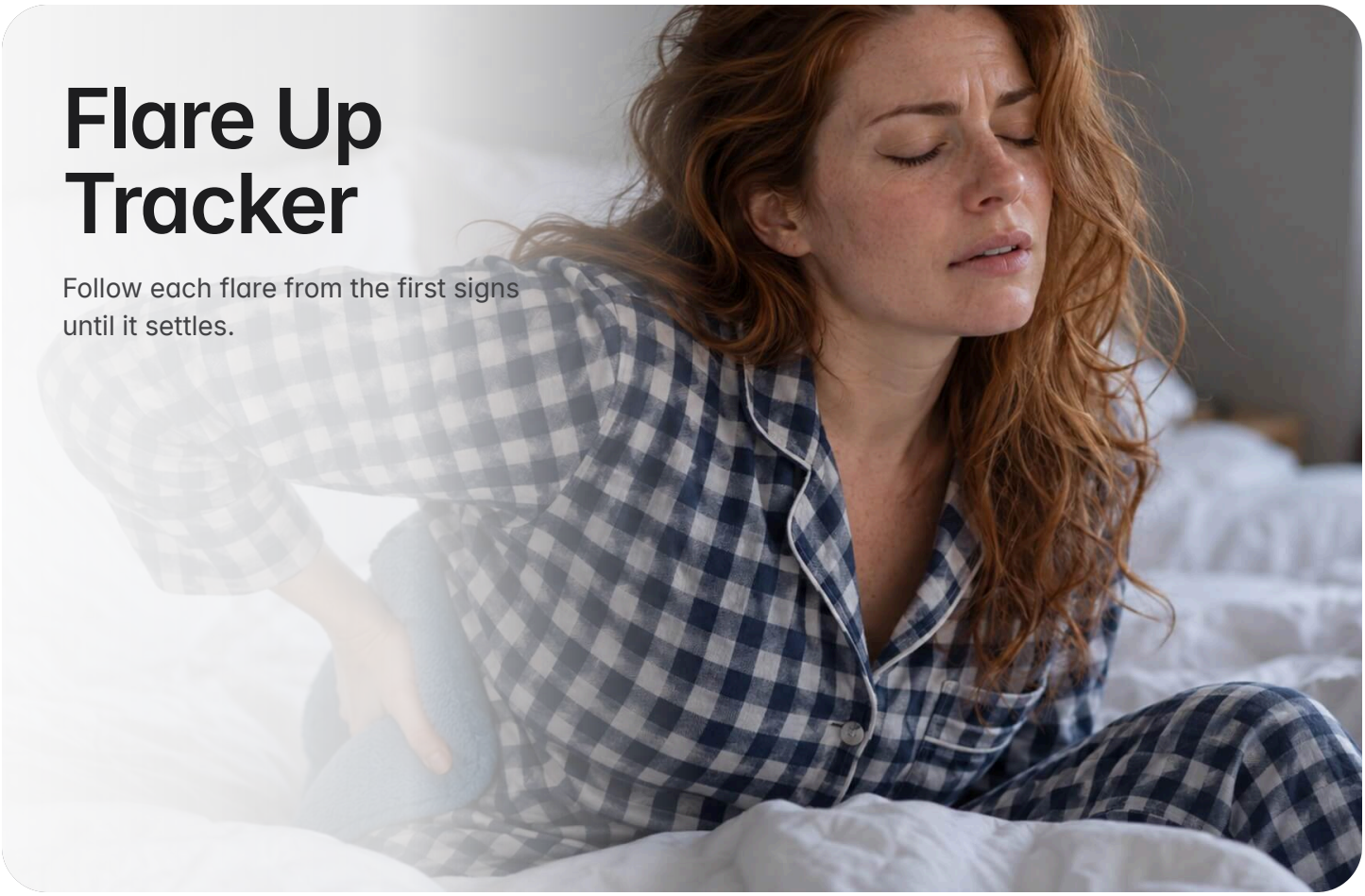
Flare Up Tracker

Follow each flare from the first signs until it settles.



WHY IT HELPS

Flares can blur together. One page per flare shows how it started, how long it lasted and what helped. After a few flares, you may see the same early signs and triggers come up again, and you can act sooner next time.

EACH FLARE HAS FOUR SMALL STEPS

Notice	Write down the first signs, and what happened in the 48 hours before.
Chart	Each day, mark how bad it is from 0 to 10, then join the dots.
Try	Note what you tried and whether it helped.
Settle	Write the day you felt back to your usual.

WHAT IS INSIDE

Example
A filled flare page to show you how.

My flare plan
Made on a good day, ready for the next flare.

Flare pages
Five pages, one for each flare.

Review
Compare flares and spot what repeats.

Start with the plan. Fill in My flare plan on a good day. When a flare starts, you will not have to think about what to do first.

CareClinic

EXAMPLE FLARE UP TRACKER · ONE FLARE

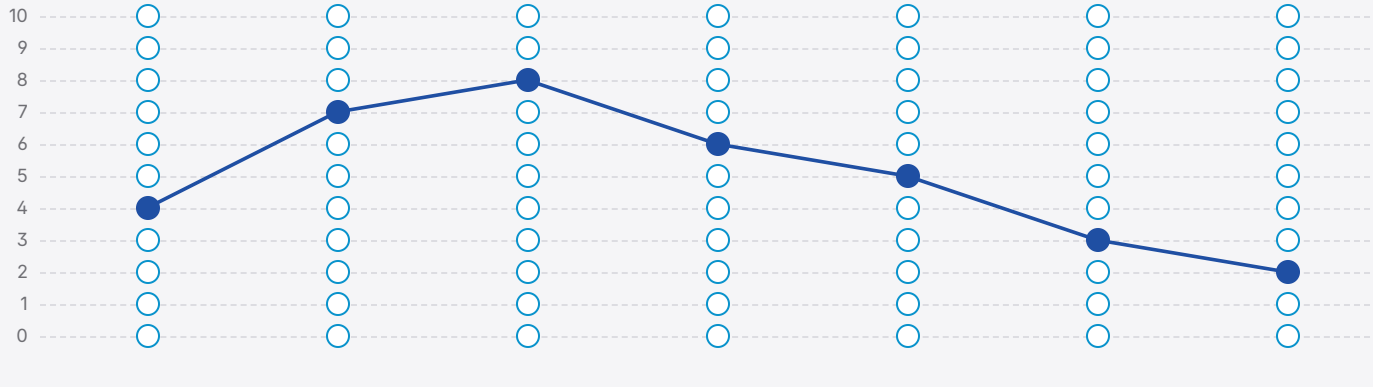
FLARE NUMBER
3

STARTED ON
Monday, March 2

WHERE OR WHAT
Joints, hands and knees

1 How bad, day by day

Fill one dot a day, 0 is none and 10 is the worst. Then join them.



2 First signs I noticed

The 48 hours before

Stiff hands on Saturday morning

Very tired after a short walk on Sunday

3 Possible triggers

- [x] Poor sleep
- [x] Stress
- [ ] Doing too much
- [ ] A cold or infection
- [x] Weather change
- [ ] Food or drink
- [ ] Hormones
- [ ] Missed medicine
- [ ] Travel

Other: Long week at work

4 What I tried

	Did it help?		
Heat pack on my knees	**yes**	a bit	no
Rested in the afternoons	yes	**a bit**	no
Pain relief my doctor suggested	yes	**a bit**	no
Gentle stretching	yes	a bit	**no**

5 How it affected my day

Tick all that changed

- [x] Work or school
- [x] Sleep
- [ ] Eating
- [x] Moving around

Notes: Called in sick Tue and Wed

6 Back to my usual on

Monday, March 9

DAYS IN TOTAL
7

My flare plan

Fill this in when you feel well. Keep it where you can find it.

MADE ON

1 My early signs

How I know a flare may be coming

Tired for no reason | Stiff or sore | Brain fog | Poor sleep | Low mood | Headache

Other

2 My first steps

What I do in the first day

1

2

3

4

5

3 Who to tell

And what I need from them

NAME	PHONE	WHAT I NEED

WHEN TO CALL MY DOCTOR

Phone

WHEN TO GET URGENT CARE

Where

Agree these with your doctor or care team, so you know when to call.

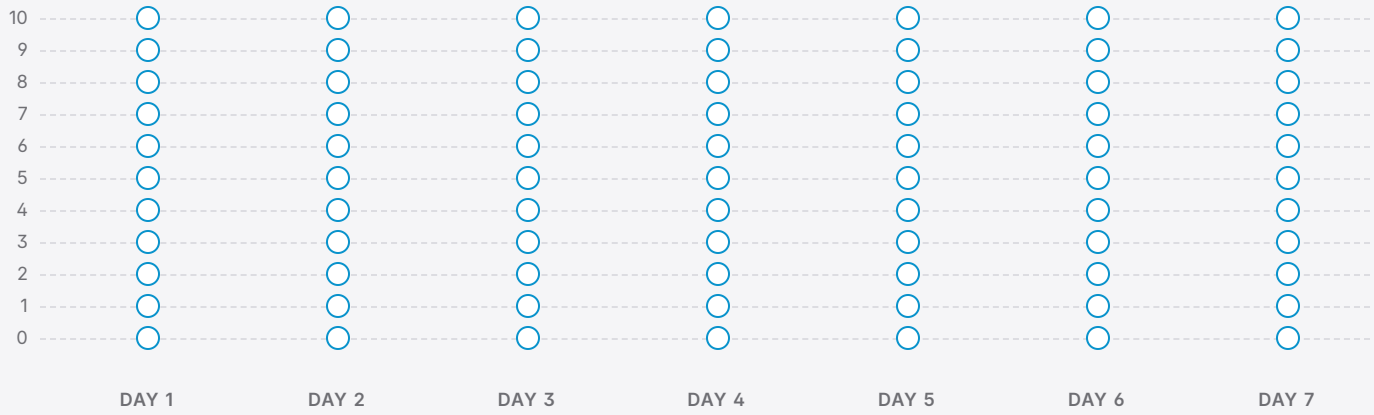
FLARE NUMBER

STARTED ON

WHERE OR WHAT

1 How bad, day by day

Fill one dot a day, 0 is none and 10 is the worst. Then join them.



2 First signs I noticed

The 48 hours before

3 Possible triggers

- Poor sleep
- Stress
- Doing too much
- A cold or infection
- Weather change
- Food or drink
- Hormones
- Missed medicine
- Travel

Other

4 What I tried

	Did it help?		
	yes	a bit	no
	yes	a bit	no
	yes	a bit	no
	yes	a bit	no

5 How it affected my day

Tick all that changed

- [ ] Work or school
- [ ] Sleep
- [ ] Eating
- [ ] Moving around

Notes

6 Back to my usual on

DAYS IN TOTAL

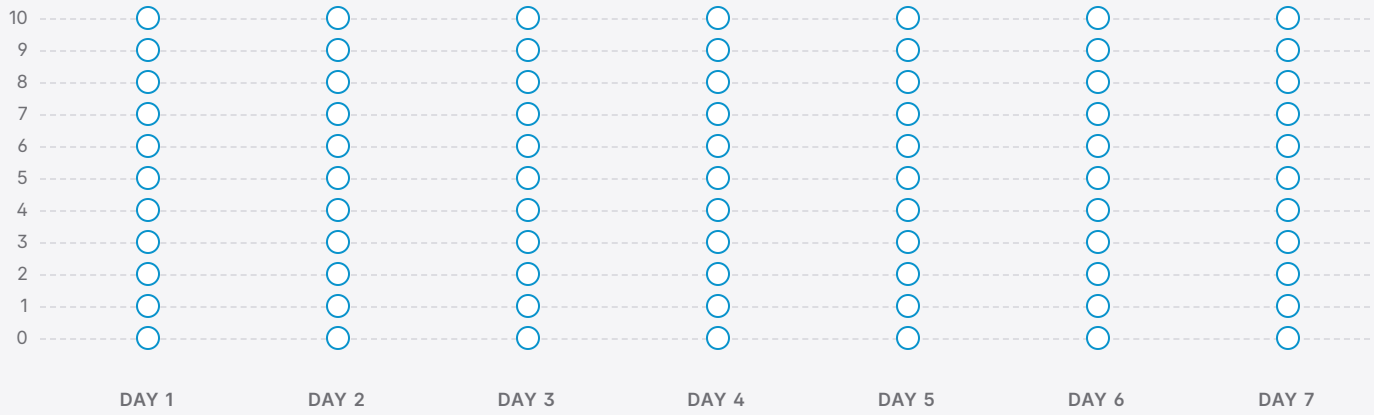
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Other

4 What I tried

	Did it help?		
	yes	a bit	no
	yes	a bit	no
	yes	a bit	no
	yes	a bit	no

5 How it affected my day

Tick all that changed

- ☐ Work or school
- ☐ Sleep
- ☐ Eating
- ☐ Moving around

Notes

6 Back to my usual on

DAYS IN TOTAL

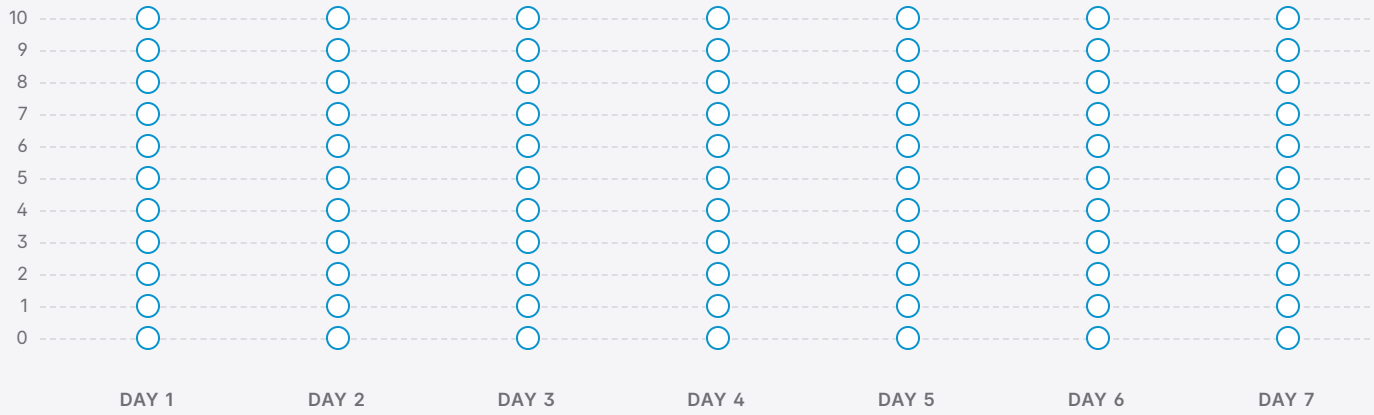
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Other

4 What I tried

	Did it help?		
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	yes	a bit	no
	yes	a bit	no
	yes	a bit	no

5 How it affected my day

Tick all that changed

- [ ] Work or school
- [ ] Sleep
- [ ] Eating
- [ ] Moving around

Notes

6 Back to my usual on

DAYS IN TOTAL

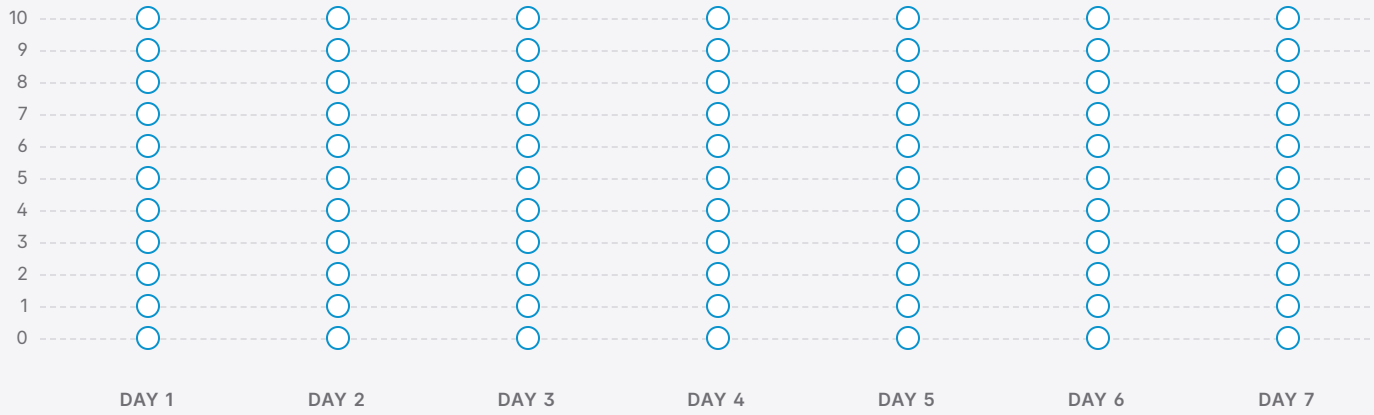
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- ☐ Moving around

Notes

6 Back to my usual on

DAYS IN TOTAL

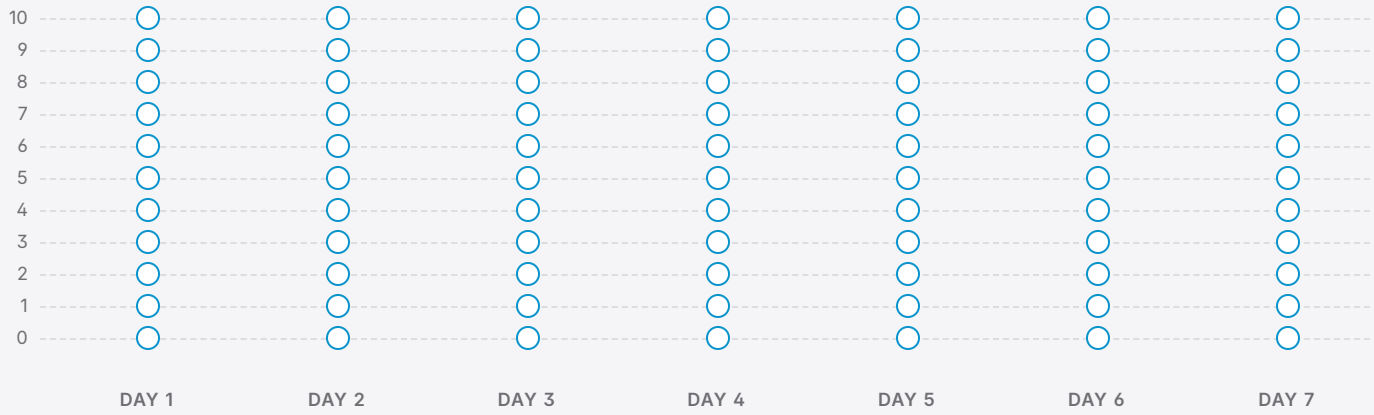
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- Travel

Other

4 What I tried

Did it help?

	yes	a bit	no
	yes	a bit	no
	yes	a bit	no
	yes	a bit	no

5 How it affected my day

Tick all that changed

- [ ] Work or school
- [ ] Sleep
- [ ] Eating
- [ ] Moving around

Notes

6 Back to my usual on

DAYS IN TOTAL

Looking back across flares

After two or three flares, copy the key details here and look for what repeats.

1 My flares side by side

#	STARTED	DAYS	WORST	FIRST SIGN	HELPED MOST
1					
2					
3					
4					
5					
6					

2 Triggers that came up again

3 Early signs that came up again

4 Changes to my flare plan

FOR MY NEXT APPOINTMENT

Questions or changes to raise with my doctor, therapist or care team.