



Designed by patients in collaboration
with medical professionals.

All proceeds from the sale of this
booklet directly support the Canadian
Spondyloarthritis Association. These
funds will help further our mission
of providing resources, education,
and advocacy for those affected by
spondyloarthritis.

sparthritis.ca

MY WELLNESS JOURNAL

FOR AXIAL SPONDYLOARTHRITIS/
ANKYLOSING SPONDYLITIS (axSpA)

ABOUT THE CANADIAN SPONDYLO- ARTHRITIS ASSOCIATION

The Canadian Spondyloarthritis Association (CSA) is a national association created to support people living with Spondyloarthritis (SpA), including ankylosing spondylitis (AS), psoriatic arthritis (PsA), inflammatory bowel disease associated arthritis (EnA), juvenile idiopathic arthritis, and associated spondyloarthritis diseases.

A patient-led advocacy and education organization, we partner with patients, caregivers, and the broader medical community to connect fellow SpA patients with evidence-based information and resources throughout their whole-life health journey.

As vocal thought leaders and change agents, we are dedicated to making the patient journey better. We are actively working to eliminate the despair and frustration that comes with waiting years for a proper diagnosis. We are the only organization focused solely on Canadians living with Spondyloarthritis.



Access axSpA/AS Resources

This journal belongs to:

HOW TO USE THIS BOOKLET:

This pain management booklet, created by the Canadian Spondyloarthritis Association, is a valuable daily resource for individuals navigating life with axial spondyloarthritis.

To effectively utilize this booklet, start by familiarizing yourself with its contents. Begin by filling in the pages dedicated to tracking pain symptoms, noting the intensity, location, and duration of any discomfort you experience. The mood tracker allows you to monitor the emotional toll of your condition, helping you identify patterns and triggers. Incorporate the exercise section to record your physical activity levels, noting any modifications or adjustments necessary for your condition. Utilize the

medication log to keep a record of your prescriptions, dosages, and any side effects you may encounter, and keep track of upcoming doctor's appointments and consultations to ensure proactive management of your condition. Utilize the journaling pages to express your thoughts, feelings, and experiences related to your journey with axSpA/AS. We have also included a handy discussion guide to prepare for conversations with your doctor, ensuring you address all concerns and collaborate on an optimal treatment plan.

By consistently utilizing this comprehensive tool, you can gain valuable insights into your pain management strategies and make informed decisions about your health and well-being.



INDEX

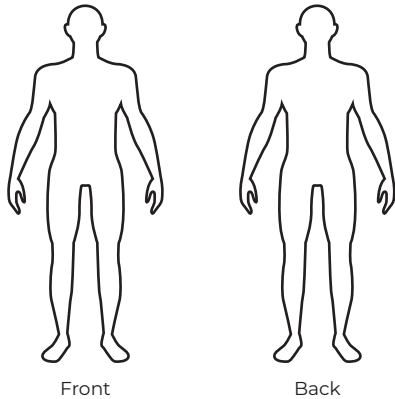
DAILY PAIN TRACKER.....	7
APPOINTMENT TRACKER.....	67
MEDICATION TRACKER.....	71
DISCUSSION GUIDE.....	75
JOURNAL.....	77

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

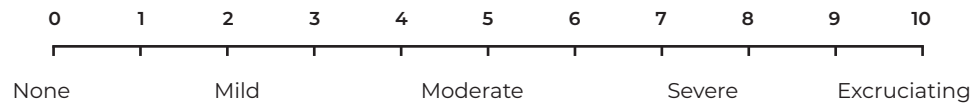
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

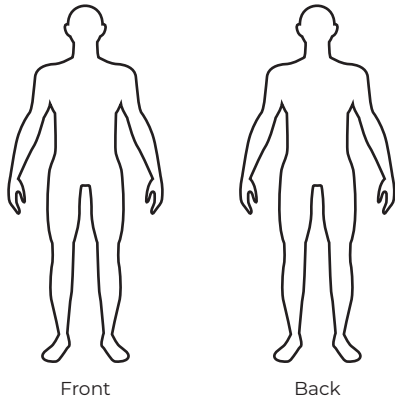
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

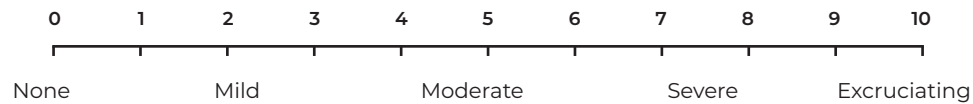
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

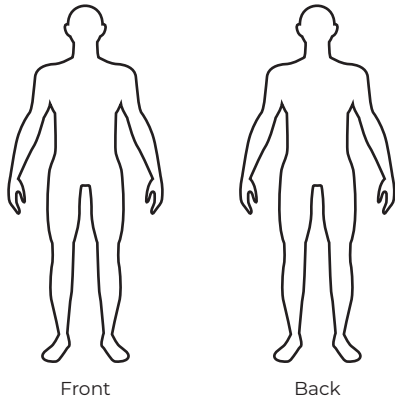
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

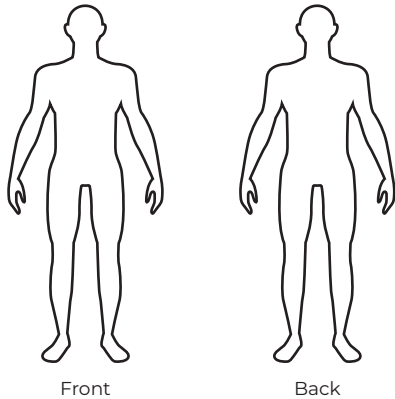
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

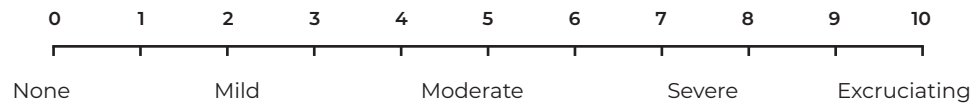
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

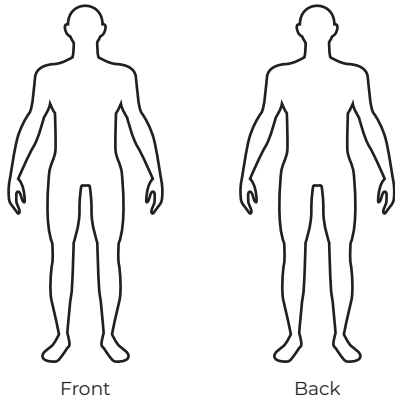
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

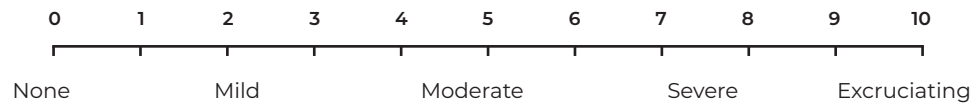
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

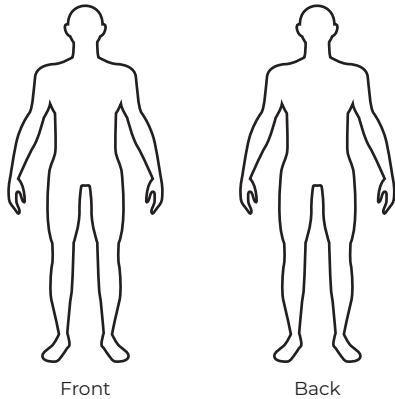
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

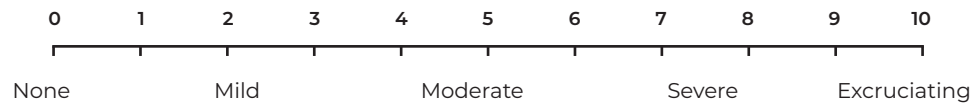
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

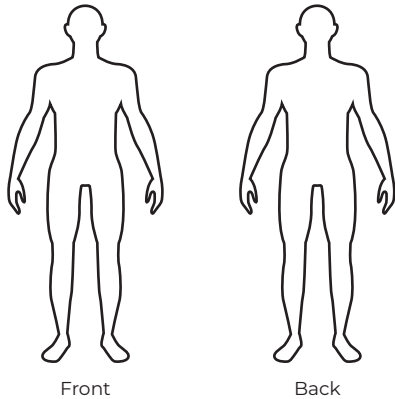
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

WORK/SCHOOL

☐ COMPLETE SHIFT

☐ PARTIAL SHIFT

☐ DID NOT WORK

☐ NOT EMPLOYED/ N/A

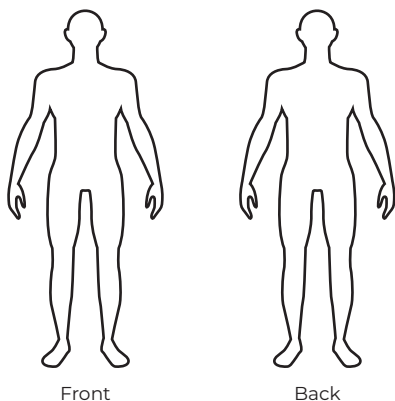
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

WORK/SCHOOL

☐ COMPLETE SHIFT

☐ PARTIAL SHIFT

☐ DID NOT WORK

☐ NOT EMPLOYED/ N/A

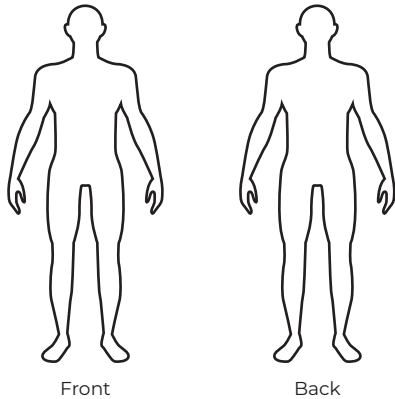
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

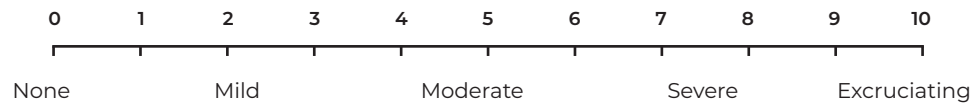
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

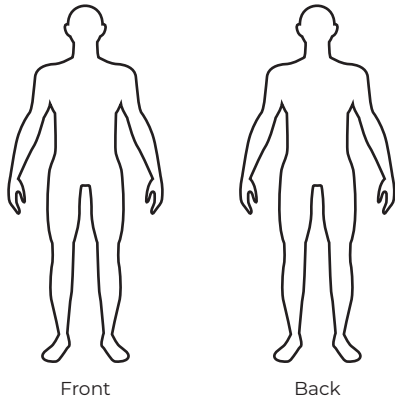
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

WORK/SCHOOL

☐ COMPLETE SHIFT

☐ PARTIAL SHIFT

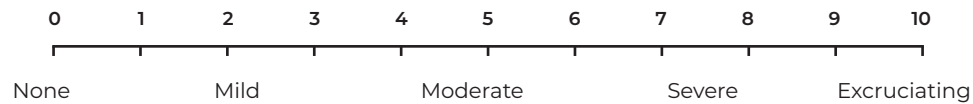
☐ DID NOT WORK

☐ NOT EMPLOYED/ N/A

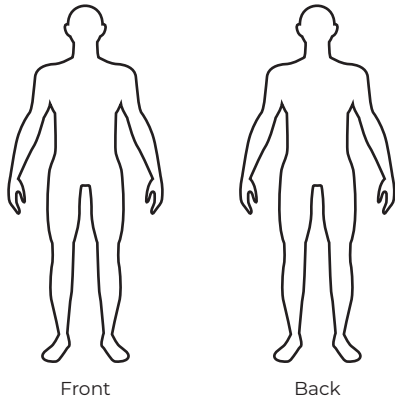
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

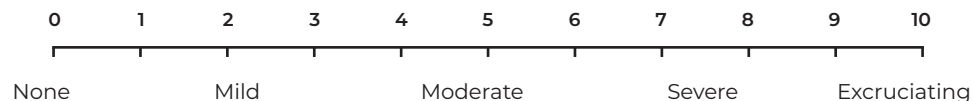
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/N/A

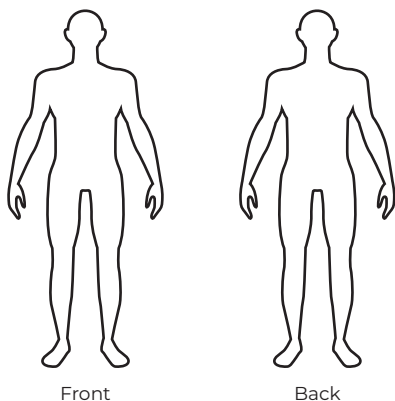
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

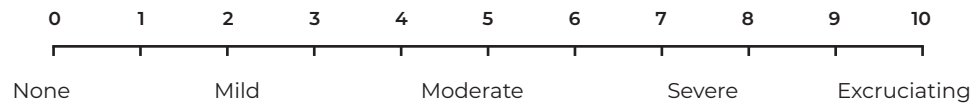
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/N/A

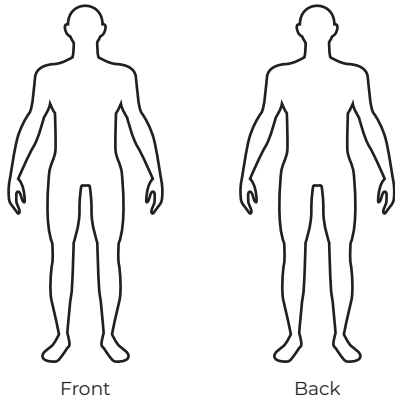
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

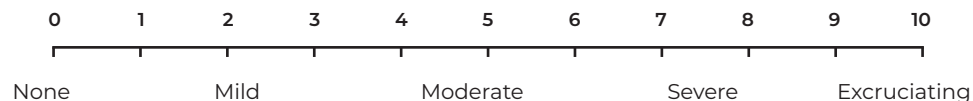
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

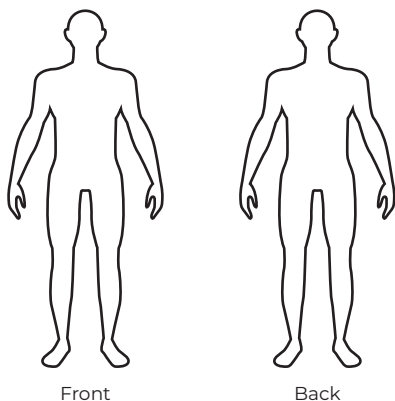
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

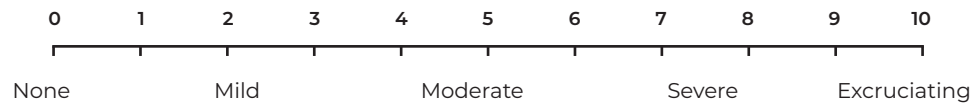
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/N/A

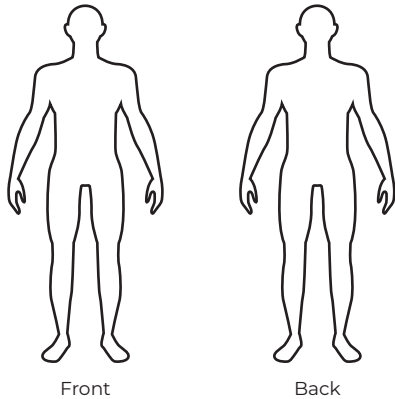
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

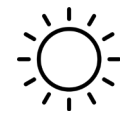
MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

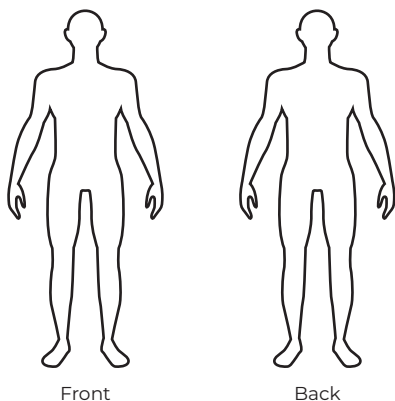
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

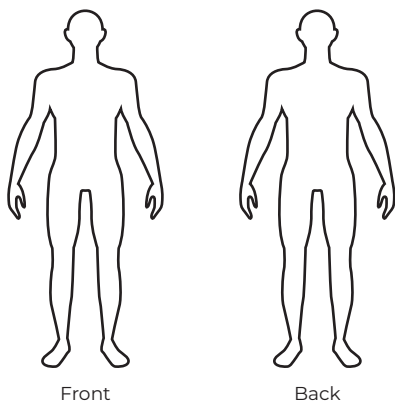
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

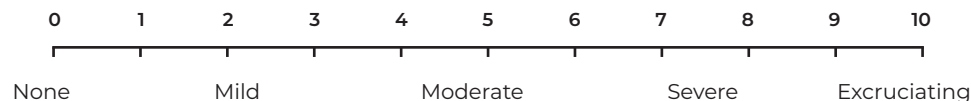
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

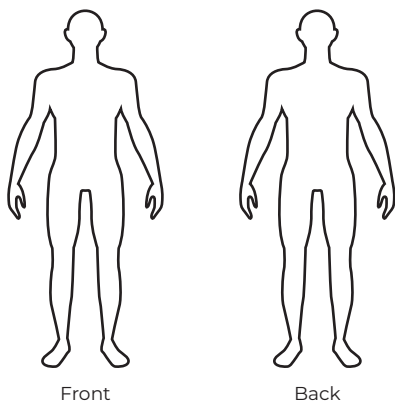
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

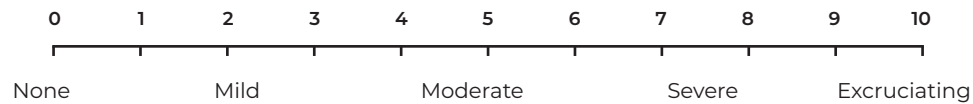
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

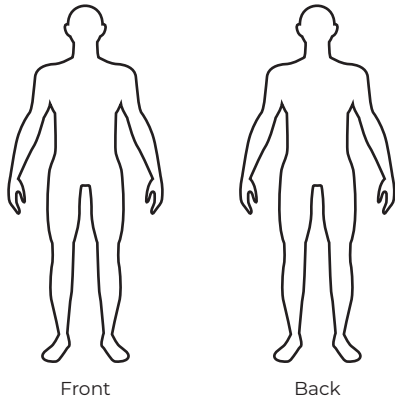
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

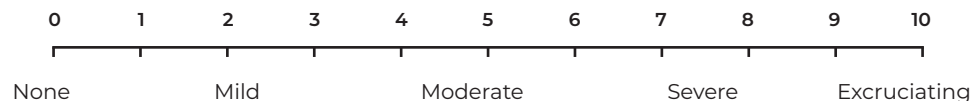
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/N/A

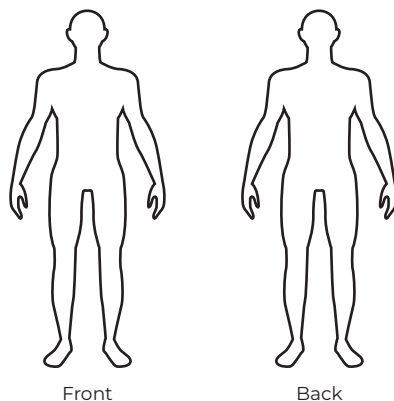
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

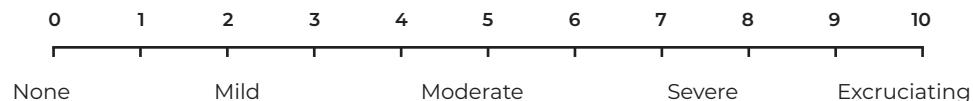
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

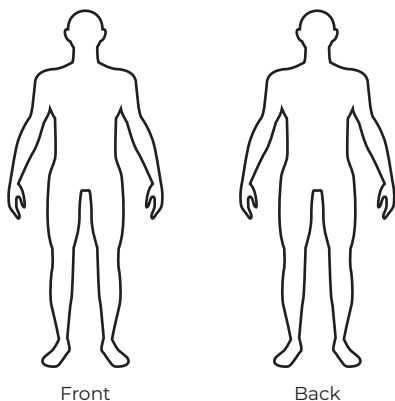
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

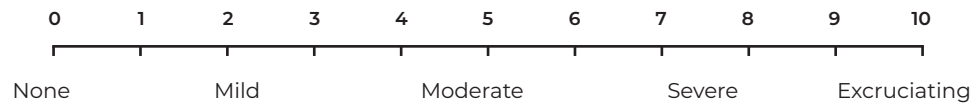
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

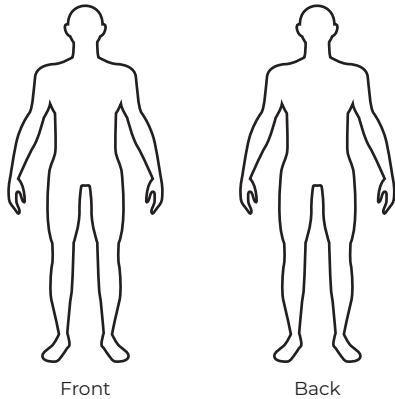
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

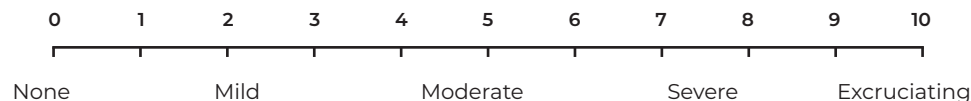
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/N/A

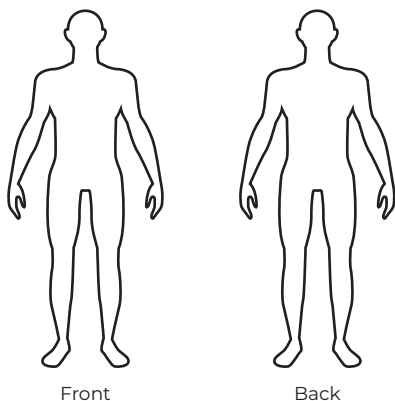
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

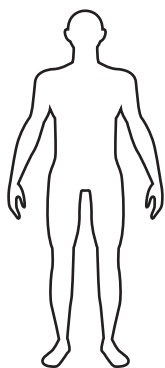
NOTES

Date _____

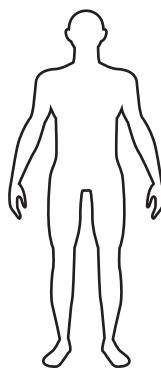
OVERALL PAIN LEVEL



PAIN LOCATION



Front



Back

Mark specific pain points on body
and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____

Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY
CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

WORK/SCHOOL

☐ COMPLETE
SHIFT

☐ PARTIAL
SHIFT

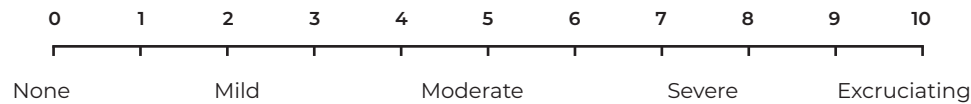
☐ DID NOT
WORK

☐ NOT EMPLOYED/
N/A

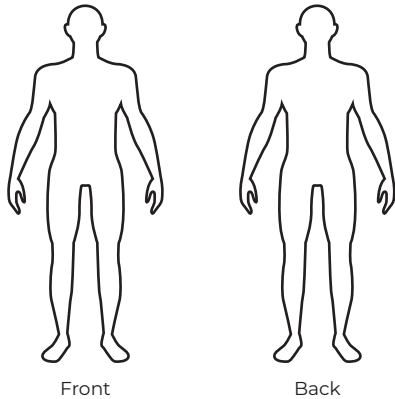
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

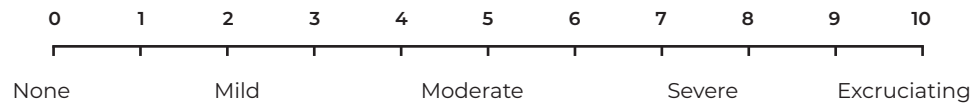
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

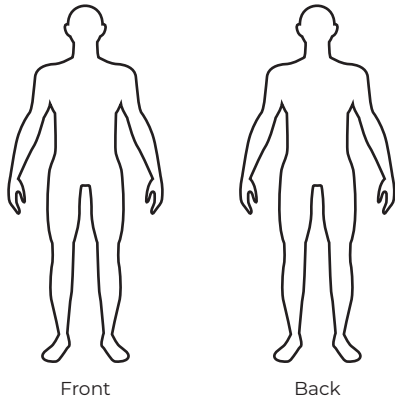
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

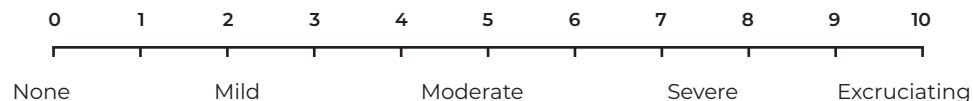
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

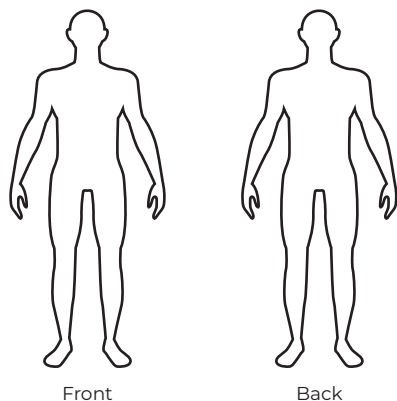
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

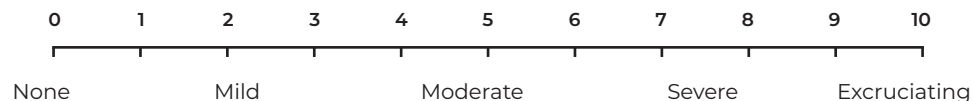
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/ N/A

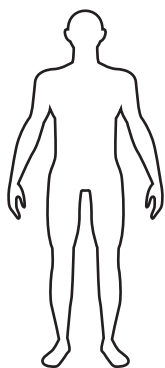
NOTES

Date _____

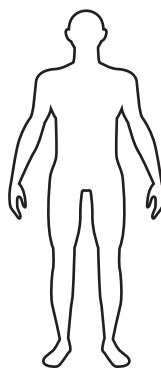
OVERALL PAIN LEVEL



PAIN LOCATION



Front



Back

Mark specific pain points on body
and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY
CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

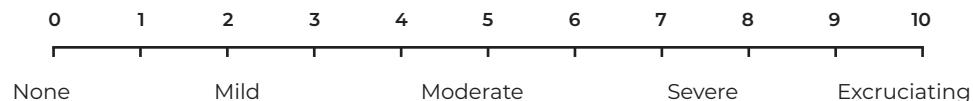
WORK/SCHOOL

☐ COMPLETE
SHIFT ☐ PARTIAL
SHIFT ☐ DID NOT
WORK ☐ NOT EMPLOYED/
N/A

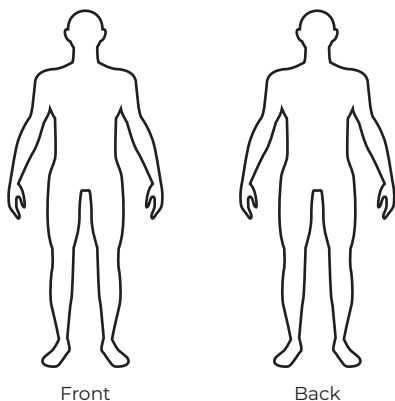
NOTES

Date _____

OVERALL PAIN LEVEL



PAIN LOCATION



Mark specific pain points on body and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____ Quality: ☐ GOOD ☐ MODERATE ☐ POOR

STRESS LEVEL

☐ HIGH ☐ MODERATE ☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10 HOURS ☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

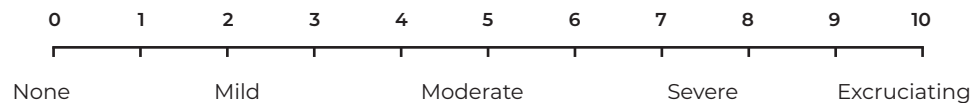
WORK/SCHOOL

☐ COMPLETE SHIFT ☐ PARTIAL SHIFT ☐ DID NOT WORK ☐ NOT EMPLOYED/N/A

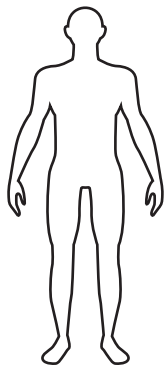
NOTES

Date _____

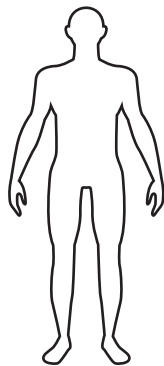
OVERALL PAIN LEVEL



PAIN LOCATION



Front



Back

Mark specific pain points on body
and describe onset of symptoms.

NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

EXERCISE/PHYSIOTHERAPY

Type of Exercise

Duration

MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

SLEEP

Hours: _____

Quality:

☐ GOOD

☐ MODERATE

☐ POOR

STRESS LEVEL

☐ HIGH

☐ MODERATE

☐ LOW

SCREEN/DEVICE TIME

☐ <1 HOUR

☐ 3-5 HOURS

☐ 5-10 HOURS

☐ 10+ HOURS

MOOD



ENERGY



WEATHER



☐ SUNNY



☐ PARTLY
CLOUDY



☐ CLOUDY



☐ RAIN



☐ SNOW

WORK/SCHOOL

☐ COMPLETE
SHIFT

☐ PARTIAL
SHIFT

☐ DID NOT
WORK

☐ NOT EMPLOYED/
N/A

NOTES

DOCTOR/WELLNESS APPOINTMENTS

PRACTITIONER	REASON	DATE	TIME
--------------	--------	------	------

--	--	--	--

Notes:

--	--	--	--

Notes:

--	--	--	--

Notes:

--	--	--	--

Notes:

DOCTOR/WELLNESS APPOINTMENTS

PRACTITIONER	REASON	DATE	TIME
--------------	--------	------	------

--	--	--	--

Notes:

--	--	--	--

Notes:

--	--	--	--

Notes:

--	--	--	--

Notes:

DOCTOR/WELLNESS APPOINTMENTS

PRACTITIONER	REASON	DATE	TIME
--------------	--------	------	------

--	--	--	--

Notes:

--	--	--	--

Notes:

--	--	--	--

Notes:

--	--	--	--

Notes:

DOCTOR/WELLNESS APPOINTMENTS

PRACTITIONER	REASON	DATE	TIME
--------------	--------	------	------

--	--	--	--

Notes:

--	--	--	--

Notes:

--	--	--	--

Notes:

--	--	--	--

Notes:

MEDICATIONS

MEDICATION	DOSE	FREQ.
------------	------	-------

--	--	--

Notes:

Side Effects:

--	--	--

Notes:

Side Effects:

--	--	--

Notes:

Side Effects:

MEDICATIONS

MEDICATION	DOSE	FREQ.
------------	------	-------

--	--	--

Notes:

Side Effects:

--	--	--

Notes:

Side Effects:

--	--	--

Notes:

Side Effects:

MEDICATIONS

MEDICATION	DOSE	FREQ.
------------	------	-------

--	--	--

Notes:

Side Effects:

--	--	--

Notes:

Side Effects:

--	--	--

Notes:

Side Effects:

MEDICATIONS

MEDICATION	DOSE	FREQ.
------------	------	-------

--	--	--

Notes:

Side Effects:

--	--	--

Notes:

Side Effects:

--	--	--

Notes:

Side Effects:

Spondyloarthritis Discussion Guide

If you're living with spondyloarthritis, it's important that you feel empowered to advocate for yourself and to speak openly with your doctors and other healthcare providers about managing your disease. This Discussion Guide is developed to help you prepare for your appointments to ensure a productive conversation about your AxSpA goals and concerns.

SYMPTOMS

Record the intensity of your symptoms in the last month:
1 = no | 2 = mild | 3 = moderate | 4 = severe

	1	2	3	4
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flare-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stiff, painful and/or swollen joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIFESTYLE CHANGES

Record your recent lifestyle habits:

Diet _____

Exercise _____

Smoking _____

Cannabis use (recreational/medical) _____

Alcohol consumption _____

Other _____

IMPACT ON YOUR LIFE

Record the number of days in the last month lost in:

Social activities/Hobbies _____

Work/Study _____

Sleep _____

Family and intimate relationships _____

Other _____

Create a meaningful and impactful conversation during your appointment using these 3 steps:

1. COME PREPARED

Come prepared with the information you've collected. Remember, your appointments are your chance to advocate for yourself. You've diligently tracked your symptoms and concerns — don't hold back. Your insights matter. Use the tracker to present a clear picture of your condition.

2. COLLABORATE

Collaborate with your health care provider to set impactful goals for managing your symptoms. For example:

1. Excel at work	Your #1 goal: _____
2. Wake refreshed, sleep better	
3. Rediscover hobbies with ease	
4. Enjoy social connections/outings	Other goals: _____ _____
5. Grow your family	
6. Increase fitness	

3. ASK QUESTIONS

For example:

1. What are the signs that my medication is still effective?
2. Should I be aware of any newer medications and treatment options?
What are the benefits or risks of these treatment options?
3. Should I be exercising regularly? Are there any specific exercises that should be avoided?
4. Will any dietary supplements or vitamins help? Are there any that should be avoided?
5. Can you recommend any pain management considerations or assistive devices/solutions for enhanced mobility?

Your questions: _____

The Canadian Spondyloarthritis Association (CSA) provides information, resources, and support for people living with AxSpA, as well as their caregivers.

Visit sparthritis.ca to learn more.

Review goals discussed with your health care provider and reflect on progress monthly.

Keep monitoring your symptoms, medications, and lifestyle changes to ensure effective management.

JOURNAL

These dedicated pages serve as a sanctuary for chronicling your experiences, reflections, challenges, and triumphs as you navigate your spondyloarthritis journey. In documenting your progress, we hope you gain clarity, learn from setbacks, and celebrate small victories along the way. These pages serve as your personal roadmap through the complexities of living with spondyloarthritis.

[illegible][illegible]

[illegible][illegible]

[illegible][illegible]

[illegible][illegible]

[illegible][illegible]

[illegible][illegible]