

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 SPONDYLOARTHRITIS (SpA)

INCLUDING ENTEROPATHIC ARTHRITIS (EnA),
UVEITIS, PERIPHERAL, REACTIVE,
& UNDIFFERENTIATED

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.





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 all forms of 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 SpA. 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.



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SNACKS		SUNNY PARTLY CLOUDY RAIN CLOUDY
EXERCISE/PHYSIOTHERAPY		WORK/SCHOOL
Type of Exercise	Duration	
		☐ COMPLETE ☐ PARTIAL ☐ DID NOT ☐ NOT EM N/A
		NOTES
MEDICATIONS/SUPPLEMENTS/ALT. TREA	ATMENTS	

OVERALL PAIN LEVEL		SLEEP	
0 1 2 3 4 5 6 7	8 9 10	Hours: Quality: GOOD	☐ MODE
None Mild Moderate Sever	e Excruciating	STRESS LEVEL	
PAIN LOCATION		☐ HIGH ☐ MODERATE ☐ LOW	
Mark specific po	nin points on body set of symptoms.		
and describe on	set of symptoms.	SCREEN/DEVICE TIME	
		☐ <1 HOUR ☐ 3-5 HOURS ☐ 5-10	HOURS
		MOOD ENER	DCV.
		MOOD	ROY
Front Back			
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BREAKFAST		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\bigcirc
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DINNER		/ī\	٥ ٥
SNACKS		SUNNY PARTLY CLOUDY	RAIN
		WORK/SCHOOL	
EXERCISE/PHYSIOTHERAPY		WORK/SCHOOL	
Type of Exercise	Duration	COMPLETE PARTIAL DID WO	NOT C
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MEDICATIONS/SUPPLEMENTS/ALT. TREATME		NOTES	

OVERALL PAIN LEVEL
0 1 2 3 4 5 6 7 8 9 10
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PAIN LOCATION
Mark specific pain points on body and describe onset of symptoms.
Front Back
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NACKS
EXERCISE/PHYSIOTHERAPY
pe of Exercise Duration
MEDICATIONS/SUPPLEMENTS/ALT. TREATMENTS

MOOD WEATHER BREAKFAST LUNCH DINNER SNACKS SNACKS WORK/SCHOOL	OVE	RALL PA	IN LEVE	L					
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OVERALL PAIN LEVEL		SLEEP	
0 1 2 3 4 5 6 7	8 9 10	Hours: Quality: GOOD	☐ MODE
None Mild Moderate Sever	e Excruciating	STRESS LEVEL	
PAIN LOCATION		☐ HIGH ☐ MODERATE ☐ LOW	
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SNACKS		SUNNY PARTLY CLOUDY	RAIN
		WORK/SCHOOL	
EXERCISE/PHYSIOTHERAPY		WORK/SCHOOL	
Type of Exercise	Duration	COMPLETE PARTIAL DID WO	NOT C
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MEDICATIONS/SUPPLEMENTS/ALT. TREATME		NOTES	

VERALL PAIN LEVEL
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Mark specific pain points on body and describe onset of symptoms.
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OVERALL PAIN LEVEL		SLEEP
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SNACKS		SUNNY PARTLY CLOUDY RAIN CLOUDY
EXERCISE/PHYSIOTHERAPY		WORK/SCHOOL
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		NOTES
MEDICATIONS/SUPPLEMENTS/ALT. TREA	ATMENTS	

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	and describe onset of symptoms.
Front Back	
NUTRITION	
BREAKFAST	
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SNACKS	
EXERCISE/PHYSIOTHERAPY	
Type of Exercise	Duration
MEDICATIONS/SUPPLEMENTS/AL	LT. TREATMENTS

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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 SpA goals and concerns.

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Record	the	intensity	of your	symptoms	in	the la	ast	month
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I = no 2 = mild 3 = moderate 4 = 9	severe			
	1	2	3	4
Pain				
Fatigue				
Flare-ups				
Mental health concerns				
Stiff, painful and/or swollen joints				

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:

ocial activities/Hobbies
/ork/Study
eep
amily and intimate relationships
ther

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:

Your #1 goal:
Other goals:

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:	
. our 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.	· ·	
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