

30-DAY DAILY SYMPTOM TRACKER

An easy way to record your symptoms and help your doctor understand how your treatment is going.

Mark the box that best represents how your symptoms are doing that day compared with the day before. It is best to record your symptoms at the same time every day.

Make sure to share these results to help your doctor evaluate your treatment. Remember to continue taking your prescription as directed by your doctor.

PSORIATIC ARTHRITIS

Mark the box that best describes how you feel on that day compared with the day before.

| | Swelling | | | | Tenderness | | | | Pain | | | | | | |
|--------|----------|---|-----------|---|------------|-------|---|-----------|------|----------|-------|---|-----------|---|----------|
| | WORSE | ← | NO CHANGE | → | IMPROVED | WORSE | ← | NO CHANGE | → | IMPROVED | WORSE | ← | NO CHANGE | → | IMPROVED |
| DAY 1 | | | | | | | | | | | | | | | |
| DAY 2 | | | | | | | | | | | | | | | |
| DAY 3 | | | | | | | | | | | | | | | |
| DAY 4 | | | | | | | | | | | | | | | |
| DAY 5 | | | | | | | | | | | | | | | |
| DAY 6 | | | | | | | | | | | | | | | |
| DAY 7 | | | | | | | | | | | | | | | |
| DAY 8 | | | | | | | | | | | | | | | |
| DAY 9 | | | | | | | | | | | | | | | |
| DAY 10 | | | | | | | | | | | | | | | |
| DAY 11 | | | | | | | | | | | | | | | |
| DAY 12 | | | | | | | | | | | | | | | |
| DAY 13 | | | | | | | | | | | | | | | |
| DAY 14 | | | | | | | | | | | | | | | |
| DAY 15 | | | | | | | | | | | | | | | |
| DAY 16 | | | | | | | | | | | | | | | |
| DAY 17 | | | | | | | | | | | | | | | |
| DAY 18 | | | | | | | | | | | | | | | |
| DAY 19 | | | | | | | | | | | | | | | |
| DAY 20 | | | | | | | | | | | | | | | |
| DAY 21 | | | | | | | | | | | | | | | |
| DAY 22 | | | | | | | | | | | | | | | |
| DAY 23 | | | | | | | | | | | | | | | |
| DAY 24 | | | | | | | | | | | | | | | |
| DAY 25 | | | | | | | | | | | | | | | |
| DAY 26 | | | | | | | | | | | | | | | |
| DAY 27 | | | | | | | | | | | | | | | |
| DAY 28 | | | | | | | | | | | | | | | |
| DAY 29 | | | | | | | | | | | | | | | |
| DAY 30 | | | | | | | | | | | | | | | |