

Gout and Lifestyle Diary

WHAT TO RECORD	QUESTIONS	DATE	DATE	DATE	DATE	DATE	DATE	DATE
SYMPTOMS	<ul style="list-style-type: none"> • What joints of the body are affected? 							
	<ul style="list-style-type: none"> • Was the area hot, red and/or swollen? 							
	<ul style="list-style-type: none"> • Did you experience fever, achiness or a loss of appetite? 							
DURATION	<ul style="list-style-type: none"> • How long did the symptoms last? 							
IMPACT	<ul style="list-style-type: none"> • Did the pain wake you from sleep? 							
	<ul style="list-style-type: none"> • Were you unable to go to work? 							
	<ul style="list-style-type: none"> • Are you taking medications that could trigger gout symptoms? (p. 4) 							
POTENTIAL TRIGGERS	<ul style="list-style-type: none"> • What did you eat and drink and in what quantity? (p. 8 – 9) 							
	<ul style="list-style-type: none"> • Does anyone in your family have gout? 							