

Medication Tracker



When managing or treating joint symptoms, you may need to try different options to find what's right for you. And it can be helpful to share with your doctor what you have already tried. Keeping track of your medication history can help you and your doctor make informed decisions about your care plan and what available options might be the best approach.

This tracker will help you monitor the effects of medications you have tried for your joint symptoms (whether over the counter, natural product, or prescription) and communicate about what's been working and what hasn't. You will be able to note the product you are using, dosage, your symptoms before and after use, and any side effects. Use a new tracker sheet for each medication you have been on or are currently taking.

1. What is the name of the medication(s) you are taking, or have taken [name on the label]?

*It might be helpful to take a picture of the product/packaging or bring the medication with you to show to your doctor.

2. Who prescribed this medication for you, if applicable?

3. What type of medication is it (i.e., pills, injection, topical cream, other)?

4. What is the medication dose? (e.g., 5 mg)

5. How many times per day do you use it and how often (e.g., once a day occasionally as needed, or twice a day every day)?

6. What time(s) of day do you use it (e.g., at breakfast, before bed, 10:00 am)?

*If you are unsure, you can ask a pharmacist to help you understand the product you are taking, and when you should be taking it.

7. What date did you start taking this medication?

8. What joint or arthritis symptoms were you experiencing before you started using this treatment?

(e.g., knee pain, limited mobility in hip, difficulty sleeping)

9. Please rate the severity of each symptom before you started using this treatment using a scale between 0-10.

Example: A symptom could be knee pain, and then write the level of pain you experienced between 0 - 10, where 0 is no pain, and 10 is the worst pain you can imagine.

Tip: Since everyone experiences pain differently, it can help to let your doctor know what the worst pain you can imagine is for you.

- | | |
|-------------|-------------|
| a) Symptom: | Pain Level: |
| b) Symptom: | Pain Level: |
| c) Symptom: | Pain Level: |
| d) Symptom: | Pain Level: |

10. Has this treatment improved any of those symptoms? If so, what improvements have you noticed?

Please rate the severity of each symptom after you started using this treatment using a scale between 0-10.

Example: A symptom could be wrist pain, and then write the level of pain you experienced between 0 - 10, where 0 is no pain, and 10 is the worst pain you can imagine.

Tip: If your pain scale has shifted over time, it is important to let your doctor know this too. For example, what used to feel like medium levels of pain may now feel like mild pain if your pain tolerance has increased.

- | | |
|-------------|-------------|
| a) Symptom: | Pain Level: |
| b) Symptom: | Pain Level: |
| c) Symptom: | Pain Level: |
| d) Symptom: | Pain Level: |

11. Have you experienced any side effects from this treatment? If so, what side effects have you experienced?

12. When did each side effect start? Did any of them stop or change over time while you were taking this medication?

13. Did you stop taking this treatment? If so, why did you stop taking it?

14. What date did you stop taking this treatment, if applicable?

15. Other comments or questions for your doctor:

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