
My Flare-Up

Name: _____ Date: _____

1. What are the **symptoms** of a flare-up?

Physical (more intense pain, more pain locations, nausea, dizziness, sleep disruption, appetite change)

Negative Thoughts (e.g., *“Oh no, not again!”*, *“Why does this always happen to me?”*, *“I can’t deal with this.”*)

Negative Feelings (e.g., irritable, fearful, depressed, angry, guilty)

Negative Behaviours and Communication (What do I start doing? What do I stop doing? Do I push through? Do I withdraw and isolate? Do I snap at loved ones?)

2. What are my **early warning signs** that a flare-up might be starting? (e.g., migraine aura, burning pain, nausea)

3. What are my **high-risk situations and triggers** that often lead to a flare-up? (e.g., overdoing it, stress, weather changes)

My Flare-Up Plan

1. What are my **strategies to manage** a flare-up?

Self-Care (e.g., slow down, take medicine, rest, practice relaxation, use heat/ice)

Helpful Self-Talk (e.g., *“Remember, flare-ups get better.”*, *“I’ve handled a flare-up before.”*, *“Be patient with myself.”*)

Helpful Actions and Communication (use distraction like watching a movie, let my family know what is happening)

2. At what point do I need to **involve a healthcare provider**? (e.g., family doctor, counsellor, physical therapist, go to the emergency department)

3. What **other important skills** or self-management strategies have I learned that will help me to manage a flare-up? (e.g., gentle stretching, keep hydrated with water, eat nutritious foods even though I don’t have an appetite, make sleep a priority)

Tips:

- Review this document with your family doctor.
- If you go to the Hospital Emergency Department, take this document with you. Your Flare-Up Plan shows the steps you have taken before seeking medical care.