Flare Form **Patient Reference Number:**

Flare 1 Date:

Probable trigger for flare	Yes	No	**Core set at time of flare**	Result	**Blood Test***	0	1	9	Value
Viral infection			CHAQ score		CK				
Streptococcal infection			Physician Vas		LDH				
Other infection			Patient Vas		ALT				
UV exposure			CMAS		AST				
Vaccination			MMT						
Change in medication?									
If yes - Specify drug chang									

For tests please mark: 0 = normal, 1 = abnormal, 9 = not done.

Flare 2 Date:

Probable trigger for flare	Yes	No	**Core set at time of flare**	Result	**Blood Test**	0	1	9	Value
Viral infection			CHAQ score		CK				
Streptococcal infection			Physician Vas		LDH				
Other infection			Patient Vas		ALT				
UV exposure			CMAS		AST				
Vaccination			MMT						
Change in medication? If yes: specify drug change:									

Flare 3 Date:

Probable trigger for flare	Yes	No	**Core set at time of flare**	Result	**Blood Test**	0	1	9	Value
Viral infection			CHAQ score		CK				
Streptococcal infection			Physician Vas		LDH				
Other infection			Patient Vas		ALT				
UV exposure			CMAS		AST				
Vaccination			MMT						
Change in medication? If yes: specify drug change									

Flare 4 Date:

Probable trigger for flare	Yes	No	**Core set at time of flare**	Result	**Blood Test**	0	1	9	Value
Viral infection			CHAQ score		CK				
Streptococcal infection			Physician Vas		LDH				
Other infection			Patient Vas		ALT				
UV exposure			CMAS		AST				
Vaccination			MMT						
Change in medication?									
If yes: specify drug change									