

# AS Self-Tracking Sheet

Use this once a week or before appointments. The goal is pattern-spotting, not scoring yourself.

**Stop and seek care for red eye/vision change, new neurological symptoms, chest pain, infection signs on immune-modifying medication, or spine/neck pain after trauma.**

## Monthly measures

| Date | Chest expansion (cm) | Tragus-to-wall (cm) | Morning stiffness (min) | Pain 0-10 | Fatigue 0-10 | Notes for physio/rheum |
|------|----------------------|---------------------|-------------------------|-----------|--------------|------------------------|
|      |                      |                     |                         |           |              |                        |
|      |                      |                     |                         |           |              |                        |
|      |                      |                     |                         |           |              |                        |
|      |                      |                     |                         |           |              |                        |

## Seven-day stiffness and symptom log

| Day | AM stiffness | Movement done | Flare trigger? | Sleep | One note |
|-----|--------------|---------------|----------------|-------|----------|
| Mon |              |               |                |       |          |
| Tue |              |               |                |       |          |
| Wed |              |               |                |       |          |
| Thu |              |               |                |       |          |
| Fri |              |               |                |       |          |
| Sat |              |               |                |       |          |
| Sun |              |               |                |       |          |

## Weekly pillar checklist

| Pillar          | Did I touch it?          | Smallest useful version                           |
|-----------------|--------------------------|---------------------------------------------------|
| Spinal mobility | <input type="checkbox"/> | Cat-cow, thoracic rotations, back extension       |
| Posture         | <input type="checkbox"/> | Wall stand, chin tucks, desk reset                |
| Strength        | <input type="checkbox"/> | Glutes, back extensors, deep core, scapulae       |
| Aerobic         | <input type="checkbox"/> | Walk, swim, cycle, or low-impact cardio           |
| Stretching      | <input type="checkbox"/> | Hip flexors, hamstrings, pecs, calves             |
| Breathing       | <input type="checkbox"/> | Maximal-inhale or lateral-rib breathing           |
| Balance         | <input type="checkbox"/> | Single-leg stands, tai chi, stable balance drills |

**Appointment prompt:** What changed since last visit? Which movement reliably helps? Which movement reliably worsens symptoms? What should we modify next?