Have a Productive Conversation with Your

## Healthcare Provider

## Fill Out This Guide and Bring It with You

To best help you and your healthcare provider, be specific when describing your symptoms and concerns. How many times have you had to refill your prescription of steroids in the last year? Never Once Twice More How often do you currently take steroids to control flare-ups, as prescribed by your doctor? Daily Weekly Monthly Once every 2 months Once every 3 months How many bowel movements do you have a day? These could be common symptoms of ulcerative colitis (UC) or Crohn's disease (CD). What symptoms are you experiencing? Select all that apply. Yes Abdominal pain or cramping Diarrhea Rectal bleeding Accidents Constipation Straining during bowel movements Lack of energy Weight Loss Please indicate how you feel using the following scale: Terrib le Okay Good Are your current treatments working well enough? Yes No