

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?

☐

0

☐

1

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐

8

☐

9

☐

10+

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:

☐

Not well

☐☐☐☐

Okay

☐☐☐☐

Good

Are your current treatments working well enough?

☐

Yes

☐

No