

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 taken steroids 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?

1 2 3 4 5 6 7 8 9 10+

Have you experienced any unintentional weight loss?

Yes No

How often do you experience the following symptoms:

	Never	Occasionally	Sometimes	Often	Always
Abdominal pain or cramping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rectal bleeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Straining during bowel movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how you feel based on the following scale:



Are your current treatments working well enough?

Yes No

This is a sample dialogue to get the conversation started. It is not, nor is it intended to be, a medical evaluation, examination, advice, consultation, diagnosis, or treatment. Always consult your healthcare professional for all medical- and health-related matters.