

MAKE THE MOST OF YOUR NEXT DOCTOR VISIT

Remember to take this to your upcoming appointment.

This guide can help you and your doctor evaluate your Crohn's disease or ulcerative colitis (UC) and how it affects you on an ongoing basis. Try to answer these quick questions as openly and honestly as possible. Then share with your gastroenterologist the next time you see him or her.



1

About how many liquid or very soft stools have you had over the past 7 days?

Your number _____

2

In the past week, how often did you take any prescription or over-the-counter medicine (such as Imodium® or Lomotil®) to stop diarrhea?

- ☐ Never ☐ A few times
☐ Most days ☐ Every day

All trademarks are the property of their respective owners.

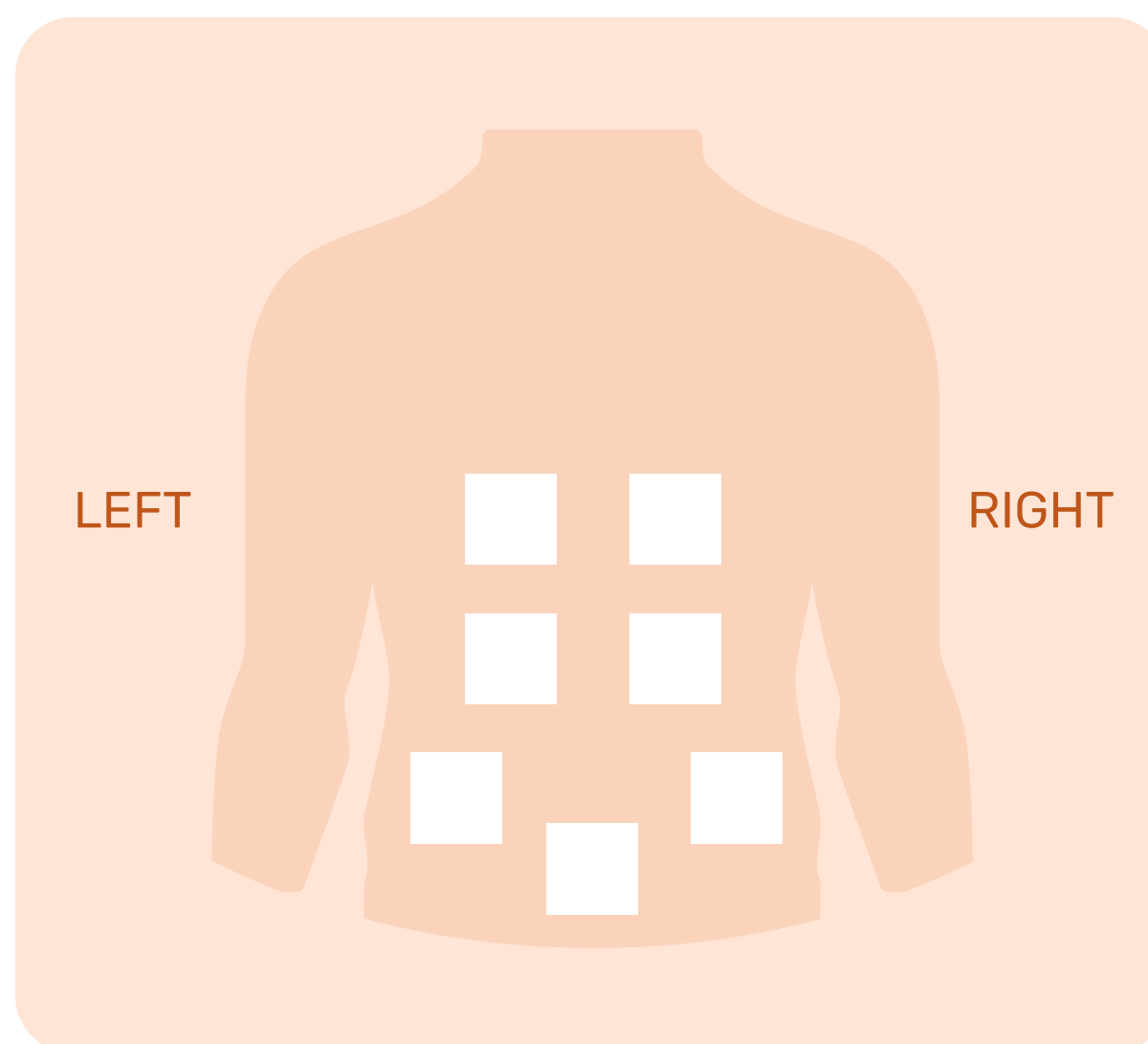
3

Have you noticed any blood in your stool in the past week?

- ☐ Yes ☐ No

4

In which areas are you currently experiencing abdominal pain related to Crohn's disease or UC? (Check all areas that apply)



- ☐ I'm not currently experiencing abdominal pain that relates to Crohn's or UC

If you've selected areas: On a scale of 1 to 10, how severe is your abdominal pain? (Circle one)

Not Severe

Very Severe

1 2 3 4 5 6 7 8 9 10

5

Have you lost or gained weight compared to what is normal for you?

- ☐ I have not recently experienced a change in my weight
- ☐ Lost about _____ lbs
- ☐ Gained about _____ lbs

6

Over the past week, how many nights did you wake up because of urgent bowel movements?

- ☐ None ☐ 1-2 nights
- ☐ 3-4 nights ☐ 5-7 nights

7

Have you experienced any fevers recently?

- ☐ Yes ☐ No

8

Are there events or activities you prefer not to attend, or are there plans you've had to change, because of your symptoms?

- ☐ Yes ☐ No

9

In the past 6 months, what best describes your disease? (Check one)

- ☐ Constantly active (symptoms every day)
- ☐ Often active (symptoms most days)
- ☐ Sometimes active (symptoms on some days—like 1-2 days per week)
- ☐ Occasionally active (symptoms 1-2 days per month)
- ☐ Rarely active (symptoms on a few days in the past 6 months)
- ☐ You have been well in the past 6 months (remission or absence of symptoms)

10

Have your symptoms increased/worsened since your last doctor visit? (Check one)

- ☐ Yes ☐ No

11

How does your condition make you feel? (Check one)

- ☐ No different than normal
- ☐ Sad
- ☐ Anxious/nervous
- ☐ Afraid/frightened
- ☐ I don't know how I feel

12

Which statement best describes your overall feelings about treatment? (Check one)

- ☐ No concerns right now, my treatment is fine
- ☐ I wonder if there are other treatments available for me
- ☐ I have symptoms, but I want to do as little as possible to make them subside
- ☐ I'm willing to do whatever it takes to feel better
- ☐ I don't know how I feel about treatment



If you need more resources or info to help you partner with your doctor, you can always go to CrohnsAndColitis.com