



## IBD Symptom Tracker

This guide can help you keep track of your symptoms to see how inflammatory bowel diseases (IBD) is affecting you. Review this document and bring it with you to your next appointment. By working together, you and your provider can come up with the treatment plan that is best for you.

### Share the following information with your doctor:

#### 1. Bowel Movements

During the past month, I had this approximate number of soft or loose bowel movements per day:

- |                              |                              |                                       |
|------------------------------|------------------------------|---------------------------------------|
| <input type="checkbox"/> 0   | <input type="checkbox"/> 3–5 | <input type="checkbox"/> 10–12        |
| <input type="checkbox"/> 1–2 | <input type="checkbox"/> 7–9 | <input type="checkbox"/> More than 12 |

*Note: It may be helpful to keep a daily diary of these symptoms.*

#### 2. Abdominal Pain

Over the past month, I would rate the severity of my abdominal pain as:

1	2	3	4	5	6	7	8	9	10
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(NO PAIN) (SEVERE PAIN)

*Note: It may be helpful to keep a daily diary of your abdominal pain.*

#### 3. Disease Flares

A disease flare is a period of symptom activity and can include abdominal pain, stool changes, urgency, and loss of appetite, among other symptoms that are attributable to your IBD. Please respond to the following based on this definition:

I've experienced this approximate number of disease flares over the past year:

- |                              |                              |                                       |
|------------------------------|------------------------------|---------------------------------------|
| <input type="checkbox"/> 0   | <input type="checkbox"/> 3–5 | <input type="checkbox"/> 10–12        |
| <input type="checkbox"/> 1–2 | <input type="checkbox"/> 7–9 | <input type="checkbox"/> More than 12 |

#### 4. Rectal Bleeding

Over the past month, I have seen blood in my stool:

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Occasionally (50% of time) |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Usually (<50% of time)     |

### About the Crohn's & Colitis Foundation

The Crohn's & Colitis Foundation is the largest non-profit, voluntary, health organization dedicated to finding cures for inflammatory bowel diseases (IBD) and to improving the quality of life of children and adults who are affected by these diseases.



## What is Shared Decision-Making?

Shared decision-making is a process where you and your healthcare team work together to decide your treatments based on medical evidence and your personal preferences.

## Participate in shared-decision making! Below are sample questions to ask your doctor:

1

*Which treatment options may be right for me?*

2

*What are the benefits, risks, and side effects of these options?*

3

*How long might it take before I see an improvement in symptoms?*

4

*Are there any vitamins or minerals I should be taking?*

5

*What else can I do, in addition to taking my medications, to effectively manage my IBD?*

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## 5. Challenges

Since my last visit, my IBD has caused me to:

- |   |                                |                                    |                                |
|---|--------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Eat less                               | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| <input type="checkbox"/> Decline social engagements             | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| <input type="checkbox"/> Avoid activities I enjoy               | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| <input type="checkbox"/> Arrive late for an event/leave early   | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| <input type="checkbox"/> Miss work/school                       | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| <input type="checkbox"/> Lose sleep                             | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| <input type="checkbox"/> Lose sexual desire                     | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| <input type="checkbox"/> Stay in bed for all or most of the day | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| <input type="checkbox"/> Other _____                            | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |

## 6. Emotions

Since my last visit, my IBD has made me feel:

- |  |                                      |                                      |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Isolated          | <input type="checkbox"/> Stressed    | <input type="checkbox"/> Depressed   |
| <input type="checkbox"/> Helpless          | <input type="checkbox"/> Overwhelmed | <input type="checkbox"/> Angry       |
| <input type="checkbox"/> Sad               | <input type="checkbox"/> Embarrassed | <input type="checkbox"/> Anxious     |
| <input type="checkbox"/> Frustrated        | <input type="checkbox"/> Guilty      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> None of the above |                                      |                                      |

## 7. Appetite/Nausea/Body Weight

I've experienced the following changes in appetite, nausea, diet or body weight within the last month:

### Appetite:

- Increased       Decreased       Stayed the Same

### Nausea:

- Increased       Decreased       Stayed the Same

### Weight:

- Increased       Decreased       Stayed the Same

If your weight changed, how many pounds was the increase or decrease?

\_\_\_\_\_ lbs

## 8. Complications

I've experienced the following complications over the past month:

- |                                      |                                       |  |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Joint pain  | <input type="checkbox"/> Eye issues   | <input type="checkbox"/> Kidney issues             |
| <input type="checkbox"/> Skin issues | <input type="checkbox"/> Liver issues | <input type="checkbox"/> Rectum and/or anus issues |
| <input type="checkbox"/> Other _____ |                                       |  |

## 9. Improvements

Since starting my current treatment, my disease symptoms have:

- Improved  
Please explain how they have improved: \_\_\_\_\_
- Become worse  
Please explain how they have worsened: \_\_\_\_\_
- Stayed the same

## 10. Primary Concern

My primary concern for today's office visit is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_