

Instructions:

Assess how IBD has recently impacted you physically, mentally, emotionally and socially, prioritize areas of high need, and communicate these with your nurse or doctor.

Rate the items below on a scale from 1 to 4.



IBD Conversation Prep Guide

Getting ready for your appointment



Physical Symptoms

On a scale from 1 to 4, with 1 being no symptoms and 4 being severe symptoms, in the last month my IBD symptoms include:

1 = no 2 = mild 3 = moderate 4 = severe

	1	2	3	4
Stool urgency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stool frequency (more than 3x/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bloody stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4
Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Mental, Emotional & Social Impacts

In the last month:

I have missed ___ days of work or school because of IBD symptoms or stress

I have missed ___ social or family events because of IBD symptoms or stress

I have had ___ bowel accidents

I have have not avoided travel away from home (for vacation/holiday) because of IBD symptoms or stress

I never occasionally often constantly worry about future flare-ups, even when I'm feeling fine

I never occasionally often constantly experience general stress or anxiety in my day-to-day life because of IBD

On a scale from 1 to 4, with 1 being no impact and 4 being severe impact, my IBD has impacted my:

1 = no 2 = mild 3 = moderate 4 = severe

	1	2	3	4
Social relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimate relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career/Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everyday responsibilities like housework, childcare and shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain how IBD has been impacting your mental health:

	1	2	3	4
Leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the main thing your IBD is holding you back from doing?

If you could only discuss one issue with your nurse or doctor at your next appointment, what would you like to prioritize?

For example:

Go out in public without worrying about where the nearest bathroom is

Sleep through the night without getting up to use the bathroom to relieve bowels

Not have to miss work, school or other daily activities because of my symptoms

List your medications to help your clinician:

Helpful questions to ask during your appointment:

What did the results of my [endoscopy/biopsy/fecal calprotectin/imaging tests] show?

What are my treatment options?

How do I know the medication I'm taking is working?

What is the backup plan if my symptoms worsen?

Questions or comments:

Additional notes from your appointment: