Self-assessment

If you're like most people, it's easy to forget the details around your symptoms, especially when you are sitting with your physician in the consultation. You may find it helpful to fill in this symptom tracking worksheet before your consultation, so that you are prepared to answer your doctor's questions more accurately. Remember, it is important to be truthful: your doctor needs this information to make the best decisions possible about your care.

1. Overall, how have you felt?

- ❑ Pretty Good
- ❑ A little worse than usual
- ❑ Bad
- ❑ Very Bad
- ❑ Terrible

2. Have you missed work/sports/other activities?

❑ Yes ❑ No

How many days in the last week? _____

How often has your illness kept you from going out with friends or family? _____

Have you had to spend any days in bed? _____

When were you last unwell from your Crohn's disease or ulcerative colitis? _____

3. Symptoms - have you had any of these problems?

Loss of appetite	❑ Yes	❑ No
Nausea	❑ Yes	❑ No
Vomiting	❑ Yes	❑ No
Fatigue	❑ Yes	❑ No
Mouth ulcers	❑ Yes	❑ No
Fever	❑ Yes	❑ No
Joint pain or swelling	❑ Yes	❑ No
Weight loss	❑ Yes	❑ No
Depression or sadness	❑ Yes	❑ No

4. Abdominal pain?

❑ None ❑ Mild ❑ Moderate ❑ Severe

If you had abdominal pain, how often? _____

Where was the pain? _____

5. Stools

Number per day ❑ Formed ❑ Loose

Any blood? ❑ Yes ❑ No

Do you have to use the toilet at night? ❑ Yes ❑ No

Do you feel the need to go but can't? ❑ Yes ❑ No

Have you had any accidents? ❑ Yes ❑ No

6. Medications

What medicine(s) are you taking?

_____

_____

How often do you take your medicine? _____

Have they helped? ❑ Yes ❑ No

Any side effects? ❑ Yes ❑ No

How often do you miss a dose? _____

How satisfied are you with the relief of symptoms? _____

Are you taking any over-the-counter medicines, dietary supplements, herbal remedies or complementary medicines? ❑ Yes ❑ No