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:
   - [ ] 0
   - [ ] 3–5
   - [ ] 10–12
   - [ ] 1–2
   - [ ] 7–9
   - [ ] 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 (NO PAIN)
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] 7
   - [ ] 8
   - [ ] 9
   - [ ] 10 (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:
   - [ ] 0
   - [ ] 3–5
   - [ ] 10–12
   - [ ] 1–2
   - [ ] 7–9
   - [ ] More than 12

4. **Rectal Bleeding**
   Over the past month, I have seen blood in my stool:
   - [ ] Never
   - [ ] Occasionally (50% of time)
   - [ ] Trace
   - [ ] Usually (<50% of time)

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**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.
5. **Challenges**
Since my last visit, my IBD has caused me to:

- [ ] Eat less
  - [ ] Often
  - [ ] Sometimes
  - [ ] Never
- [ ] Decline social engagements
  - [ ] Often
  - [ ] Sometimes
  - [ ] Never
- [ ] Avoid activities I enjoy
  - [ ] Often
  - [ ] Sometimes
  - [ ] Never
- [ ] Arrive late for an event/leave early
  - [ ] Often
  - [ ] Sometimes
  - [ ] Never
- [ ] Miss work/school
  - [ ] Often
  - [ ] Sometimes
  - [ ] Never
- [ ] Lose sleep
  - [ ] Often
  - [ ] Sometimes
  - [ ] Never
- [ ] Lose sexual desire
  - [ ] Often
  - [ ] Sometimes
  - [ ] Never
- [ ] Stay in bed for all or most of the day
  - [ ] Often
  - [ ] Sometimes
  - [ ] Never
- [ ] Other ____________________________
  - [ ] Often
  - [ ] Sometimes
  - [ ] Never

6. **Emotions**
Since my last visit, my IBD has made me feel:

- [ ] Isolated
- [ ] Helpless
- [ ] Sad
- [ ] Frustrated
- [ ] Other ____________________________
- [ ] 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:

- [ ] Joint pain
- [ ] Skin issues
- [ ] 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: ____________________________