

Exocrine Pancreatic Insufficiency (EPI) GI Symptom Tracker

This questionnaire is meant to help you and your doctor understand the impact treatment is having on your GI symptoms. These questions are about your current symptoms, as you perceive them. If you are not sure of how to answer, choose the response that seems closest to your situation. After answering the questions below, remember to take this sheet with you to your next appointment.

Your Name _____ Today's Date _____

Strength of enzyme you are currently taking: _____

How many enzymes does your healthcare provider tell you to take with: Every meal _____ Every snack _____

When are you taking your enzymes? (circle one) Before meal, During meal, After meal

During the past two weeks, how often have you:	Almost Always	Often	Sometimes	Never
1. Had frequent diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Had greasy stools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Had loose stools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Felt bloated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Had excessive gas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Had abdominal pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Had to rush to the bathroom in the middle of the night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the past two weeks, how bothered/concerned were you by:	Almost Always	Often	Sometimes	Never
8. Eating fatty or greasy foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Taking enzymes in front of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Using a public bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Having GI problems (stomachache, loose stools) due to missed enzymes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Having to stay on the toilet for a long time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the past two weeks, how often did you:	Almost Always	Often	Sometimes	Never
13. Forget to bring your enzymes when eating out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Skip a meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Forget to take your enzymes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have a poor appetite because of GI problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Miss daily activities because of GI discomfort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the past week:	0-1	2-3	4-5	6 or more
18. How many stools did you have per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The EPI GI Symptom Tracker is intended for informational purposes only and should not be used as a substitute for advice provided by your doctor or other healthcare professionals. You should not use the EPI GI Symptom Tracker for diagnosing a health problem or disease. You should always consult your doctor or other healthcare professionals. The content for AbbVie's EPI GI Symptom Tracker was prepared with guidance from Dr. Andres Gelrud.