Adalimumab Injection Patient Questionnaire
(To be completed every 8 weeks while on Adalimumab)

Date: _______________________
Injection Number: ________________

1. When was the date of your last Adalimumab injection?
____________________________________________________________________________________

2. Did you improve and maintain your health after your last dose of Adalimumab?
____________________________________________________________________________________

3. Did your IBD begin to flare before this current dose of Adalimumab?
____________________________________________________________________________________

4. How many bowel movements are you currently having per day?
____________________________________________________________________________________

5. Is there any blood with your bowel movements currently?
____________________________________________________________________________________

6. Are you experiencing any mouth ulcers, arthritis, or skin rashes?
____________________________________________________________________________________

7. Please list the IBD related medications you are currently taking:
____________________________________________________________________________________