

Adalimumab Injection Patient Questionnaire

(To be completed every 8 weeks while on Adalimumab)

Date: _____

Injection Number: _____

Patient Name:

Date of Birth:

PHN/ULI:

Ordering Physician

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:
