Please read the information below and then complete the questionnaire:

The American College of Gastroenterology (ACG) has created guidelines to address preventative care for people who have Inflammatory Bowel Disease (IBD).

People who have IBD are at greater risk for many vaccine-preventable illnesses, including:

- Influenza
- Pneumonia
- Shingles



Immunosuppressive medications further increase the risk.



People with IBD are also at **higher risk for melanoma** and some medications used to treat IBD can **increase the risk of non-melanoma skin cancers**



Continued tobacco use can cause increased inflammation in the colon in certain patients with IBD.



Exposure to medications such as **prednisone and budesonide** can increase the risk of **osteoporosis** in people with IBD.



Women with IBD who are taking immunosuppressive medications have a **higher risk of cervical cancer.**



Lastly, people with IBD are at higher risk for anxiety and depression.



The ACG guidelines outline interventions to lessen these risks, including:

- Vaccines
- Skin checks with dermatology
- Smoking cessation
- Bone density testing
- Annual cervical cancer screening
- Screening for anxiety and depression

Your answers to the questions below will help your provider create an individualized health maintenance plan for you based on your history and current medications.

IBD patient questionnaire:

Vaccines:

1. Have you received any of the following vaccines:

Influenza (Flu) Fall 2021/Winter 2022:

Yes

No

No

two

I am not sure

COVID 19 vaccine:

Yes

I am not sure

If yes to the COVID 19 vaccine:

Moderna

Pfizer Johnson & Johnson

How many doses?:

one

three

Pneumococcal vaccine (pneumonia):

Yes

No

I am not sure

Shingrex vaccine (shingles):

Yes

Nο

I am not sure

2. Approximate date of last visit with dermatology:

3. Have you been prescribed prednisone (or Budesonide/Entocort) in the past for your inflammatory bowel disease? Yes No

4. Have you ever had a DEXA scan (bone density) in the past?

Yes

No

5. Do you smoke cigarettes?: Yes N

No

Ove	IQ - 9: er the past two weeks how often have you been bothered by the lowing:	Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling asleep or staying asleep	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Ov	AD-7: ver the past two weeks how often have you been bothered by the llowing:	Not at all	Several days	More than half the days	Nearly every day
1	Feeling nervous, anxious or on edge	0	1	2	3
2	Not being able to stop or control worrying	0	1	2	3
3	Worrying too much about different things	0	1	2	3
4	Trouble relaxing	0	1	2	3
5	Being so restless that it is hard to sit still	0	1	2	3
6	Becoming easily annoyed or irritable	0	1	2	3
7	Feeling afraid as if something is going to happen	0	1	2	3

Please answer the three questions below and give this form to the MA or provider:

1. I feel confident that making sure I am up to date with annual health maintenance will help decrease my risk of cancer.

	1	2	3	4	5	
I do not feel confident at all	0	0	0	0	0	I feel very confident

2. After reading the information about annual health maintenance for patients with Inflammatory Bowel Disease, I am better informed to make a decision about needed vaccines, blood work, or imaging with my provider.

	1	2	3	4	5	
I am not well informed	0	0	0	0	0	l am very informed

3. After completing the PHQ-9 and GAD-7 (the above tools for screening of anxiety and depression), I feel that my provider is addressing my increased risk for a mood disorder given my history of Inflammatory Bowel Disease.

	1	2	3	4	5	
I do not feel my provider is addressing my risk	0	0	0	0	0	I am confident my provider is addressing my risk