

TREATMENT TRACKER

Empowering you to take an active role in your treatment

This tracker is not intended to make a diagnosis and should not take the place of talking to your or your child's doctor.

What is GATTEX?

GATTEX[®] (teduglutide) for subcutaneous injection is a prescription medicine used in adults and children 1 year of age and older with Short Bowel Syndrome (SBS) who need additional nutrition or fluids from intravenous (IV) feeding (parenteral support). It is not known if GATTEX is safe and effective in children under 1 year of age.

What is the most important information I should know about GATTEX?

GATTEX may cause serious side effects including making abnormal cells grow faster, polyps in the colon (large intestine), blockage of the bowel (intestines), swelling (inflammation) or blockage of your gallbladder or pancreas, and fluid overload.

Please see Important Safety Information on pages 60-61, click for full <u>Prescribing Information and Medication Guide</u>, and discuss any questions with your doctor.



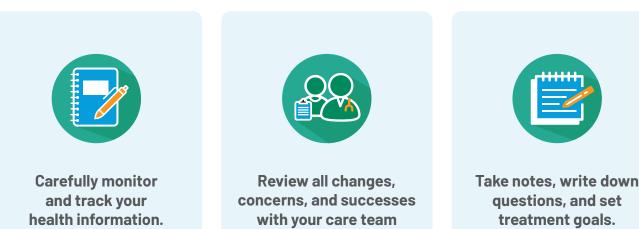
TRACKING TOWARD YOUR GOALS

When it comes to treating short bowel syndrome (SBS) with GATTEX, it's important to set goals. It's equally important to track where you are on your journey to reaching those goals. This treatment tracker will be a useful tool you and your doctor can use to give you both a clear picture of how you're responding to treatment and if any adjustments need to be made.

Bring this tracker to your next appointment and use it to ask questions, keep a record of your weekly health status, and take an active role in your treatment plan.

3 ways to use the tracker:

at appointments.



Things you'll be able to record:

- Healthcare team contact info
- Monthly appointment dates
- Short- and long-term goals
- · Allergies, medications, vitamins, minerals, other supplements
- Urine/stool output

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- Your parenteral support (PS) use
- Body weight
- Nutrition and hydration status
- How you feel
- Other treatment information
- Monthly and 3-month overviews

Please note, this is not a diagnostic tool. Only a doctor or other trained healthcare professional can diagnose you. Talk to your doctor if you are experiencing symptoms and/or have questions about your medical condition.

Please see Important Safety Information on pages 60-61, click for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.

My Care Team

Staying in close contact with your care team is a vital part of your treatment. Record your care team's contact information here so you can reference it quickly whenever you need it.

Primary Healthcare Provider

Gastrointestinal	(GI)	Surgeon

la	m	е	

Name	Phone Number	
Gastrointestinal (GI) Surgeon		
Name	Phone Number	
Gastroenterologist		
Name	Phone Number	
Dietitian		
Name	Phone Number	
Parenteral Support and/or GATTEX Pharmac	ist	
Name	Phone Number	
Other		
Name	Phone Number	
My Takeda Support		
Patient Support Manager		
Name	Phone Number	
Onboarding and Access Specialist		
Name	Phone Number	
		Gattex [®] (teduglutide) for injection

Patient Su	р	port	Μ	an	a	gei	
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MY MONTHLY APPOINTMENTS

ALLERGIES, MEDICATIONS & SUPPLEMENTS

Record your scheduled appointments below. You can also write down any questions you want to ask your doctor in the notes section.

Allergies

Do you have allergies? If yes, describe below:

Month:	

Appointment Type	Date	Reason	Notes

Medication & Supplements

Make sure to tell your care team about all the medications and supplements you are using and any changes in your medications. You can keep track of them here.

Medication/ Supplement	Reason for Medication	Strength/ Frequency	Prescriber	Start/Stop Date

Please see Important Safety Information on pages 60–61, click for full <u>Prescribing Information</u> 4



WHAT TO EXPECT DURING YOUR TREATMENT

Results are not going to happen overnight. It will take time, so it's important to be patient and follow your care team's recommendations. Remember, not all people who take GATTEX will wean off parenteral support (PS).

In clinical studies, some people experienced improved results the longer they stayed on GATTEX.

~1Month

≥ 12 Months

12 months or longer of treatment with GATTEX. Some people did not respond at all.

Goal setting can be helpful for everyone. It can provide motivation and confidence to help you achieve what you set out to do. That's why it's important to talk to your healthcare team to set your short-term and long-term treatment goals along with any personal goals you may have. And if you need to, you can always adjust your goals along the way.

My short-term treatment goals

My long-term treatment goals

Things to look out for during treatment

Side effects can happen. As you are on your treatment journey, make sure to record any symptoms you are experiencing and let your care team know how you are feeling. Common side effects of GATTEX can include:

- stomach area (abdomen) pain or swelling
- nausea

6

cold or flu symptoms

- vomitina
- swelling of the hands or feet
- allergic reactions
- skin reaction where the injection was given

Monitoring your progress plays an important role

- Establish short-term and long-term treatment and personal goals that you and your doctor can reassess throughout your journey
- Together, you should decide what information you should track weekly with your care team
- At the end of every month, you can compile all your information in a monthly update sheet

This information may help you and your healthcare provider monitor progress and make decisions about your treatment.

Please see Important Safety Information on pages 60-61, click for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.

My personal goals

REACHING YOUR GOALS WITH GATTEX

Date:



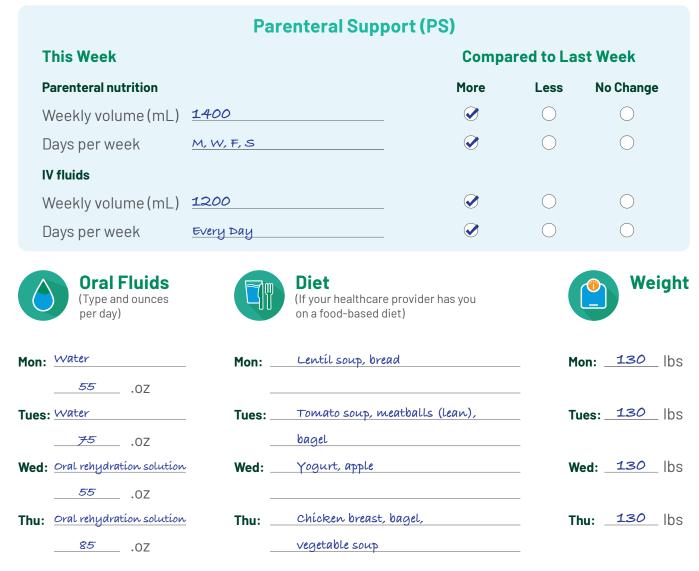
HOW TO TRACK YOUR WEEKLY HEALTH STATUS

This form is filled in as an example of what your information could look like. The information shown here is not meant to give you medical advice or tell you what you should do.

Important Reminders

- Fill in your weekly status sheets every week. Your urine output and weight are very important to monitor.
- Talk with your healthcare provider about your urine output and your parenteral support (PS).
- Stick to your diet and medications as prescribed by your doctor.
- Maintain communication with your care team and share lab work when needed.

My Weekly Status Sample Page (your information will be different)



Please see Important Safety Information on pages 60-61, click for full Prescribing Information



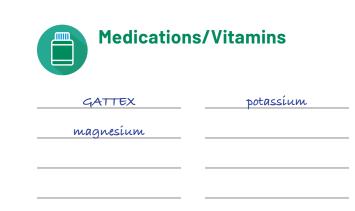


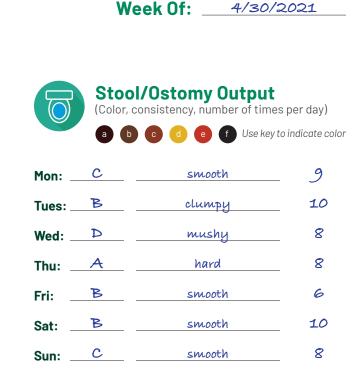
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Do I have any symptoms that are bothering me? Yes 🔿 No

If yes, please describe: <u>A bit tired</u>



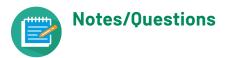




GATTEX Injection Location You can use "S" for stomach, "T" for thigh,

and "A" for arm (upper).

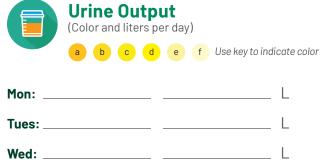
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Ask Dr. Smith about the tiredness!



	Parenteral Su	ıpport (PS)		
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Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
IV fluids				
Weekly volume (mL)		O	\bigcirc	\bigcirc
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Sat: _____

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Do I have any symptoms that are bothering me? Yes No

If yes, please describe: _____



Please see Important Safety Information on pages 60-61, click for full <u>Prescribing Information</u>



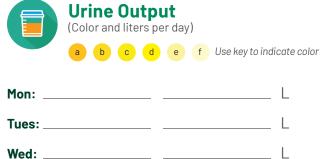
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Do I hav	ve any symptoms that are bothering me?
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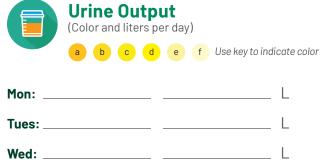
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Do I hav	ve any symptoms that are bothering me?
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⁴ <u>and Medication Guide</u>, and discuss any questions with your doctor.



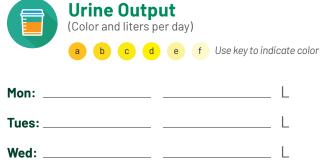
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Do I have any symptoms that are bothering me? Yes No

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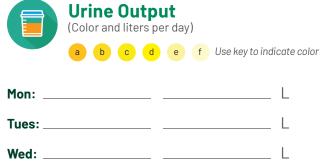
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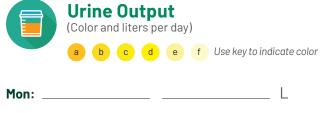
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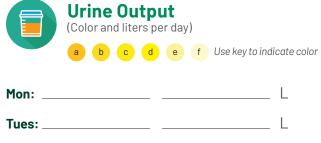
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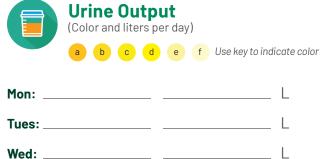
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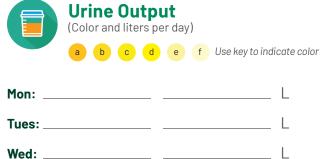
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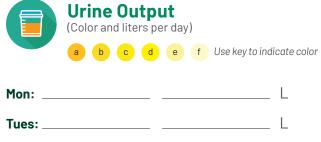
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How am I feeling?				
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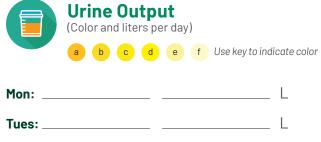
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Tues:	L
Wed:	L
Thu:	L
Fri:	L
Sat:	L
Sun:	L

How am I feeling?				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
1	2	3	4	5
Not w	ell —			- Great

Do I hav	e any symptoms that are bothering me?
\bigcirc Yes	○ No

lf	yes,	р	lease	describe	e:	
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³⁰ Please see Important Safety Information on pages 60-61, click for full <u>Prescribing Information</u>



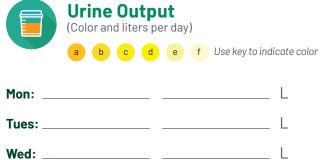
Ω	GATTEX Injection Location
N	You can use "S" for stomach, "T" for thigh, and "A" for arm (upper).

Mon:	Fri:
Tues:	Sat:
Wed:	Sun:
Thu:	





	Parenteral Su	upport (PS)		
This Week Compa				st Week
Parenteral nutrition	Parenteral nutrition More		Less	No Change
Weekly volume (mL)			\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
IV fluids				
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
per day)	on a food-bas	sed diet)		on: lbs
				011 103
les:				ues: Ibs
0Z				150
ed:				/ed: lbs
.0Z				
nu:	Thu:		T	hu: lbs
.0Z				
i:	Fri:		Fi	ri: lbs
OZ				
at:	Sat:		S	at: lbs
OZ				
ın:	Sun:		S	un: lbs
.0Z				



Fri:		 L
Sat:		 L
Sun:		 L

Thu: ______

How am I feeling?				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
1	2	3	4	5
Not w	ell —			- Great

Do I have any symptoms that are bothering me? Yes No

If yes, please describe: _____



Please see Important Safety Information on pages 60-61, click for full <u>Prescribing Information</u>



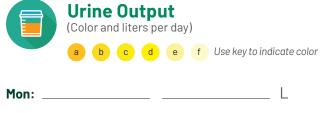
GATTEX Injection Location You can use "S" for stomach, "T" for thigh, and "A" for arm (upper).

Mon:	Fri:
Tues:	Sat:
Wed:	Sun:
Thu:	





	Parenteral Su	upport (PS)				
This Week Compa				red to Last Week		
Parenteral nutrition		More	Less	No Change		
Weekly volume (mL)		O	\bigcirc	\bigcirc		
Days per week		O	\bigcirc	\bigcirc		
IV fluids						
Weekly volume (mL)		O	\bigcirc	\bigcirc		
Days per week		O	\bigcirc	\bigcirc		
(Type and ounces per day)	(If your health on a food-bas	ncare provider has you sed diet)				
on:	Mon:		M	on: lbs		
0Z						
les:	Tues:		T	ues: lbs		
0Z						
ed:	Wed:		W	/ed: lbs		
0Z						
nu:	Thu:		_ T	hu: lbs		
				•		
i:			FI	ri: lbs		
0Z			_			
				at: lbs		
.0Z				un: lbs		
.0Z	Sun:		_ 3	un IDS		
.UZ						



Tues:	 L
Wed:	 L
Thu:	 L
Fri:	 L
Sat:	 L
Sun:	 L

How am I feeling?				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
1	2	3	4	5
Not w	ell ——			- Great

Do I hav	<i>ve</i> any symptoms that are bothering me?
⊖ Yes	○ No

If yes, please describe: _____



⁷ Please see Important Safety Information on pages 60-61, click for full <u>Prescribing Information</u>



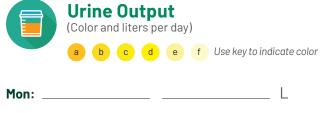
GATTEX Injection Location You can use "S" for stomach, "T" for thigh, and "A" for arm (upper).

Mon:	Fri:
Tues:	Sat:
Wed:	Sun:
Thu:	





	Parenteral Su	upport (PS)		
This Week	This Week Compar			st Week
Parenteral nutrition		More	Less	No Change
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
IV fluids				
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
(Type and ounces per day)	(If your health on a food-bas	ncare provider has you sed diet)		
on:	Mon:		M	on: lbs
0Z				
les:	Tues:		T	ues: lbs
0Z				
ed:	Wed:		W	/ed: lbs
0Z				
nu:	Thu:		_ T	hu: lbs
				•
i:			FI	ri: lbs
0Z			_	
				at: lbs
.0Z				un: lbs
.0Z	Sun:		_ 3	un IDS
.UZ				



Tues:	 L
Wed:	 L
Thu:	 L
Fri:	 L
Sat:	 L
Sun:	 L

How am I feeling?				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
1	2	3	4	5
Not w	ell ——			- Great

Do I hav	ve any symptoms that are bothering me?
⊖ Yes	○ No

If yes, please describe: _____



³⁶ Please see Important Safety Information on pages 60-61, click for full <u>Prescribing Information</u>

²⁰ <u>and Medication Guide</u>, and discuss any questions with your doctor.



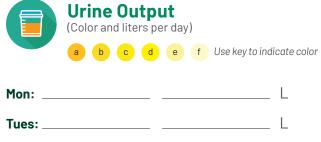
GATTEX Injection Location You can use "S" for stomach, "T" for thigh, and "A" for arm (upper).

Mon:	Fri:
Tues:	Sat:
Wed:	Sun:
Thu:	





	Parenteral Su	upport (PS)		
This Week	This Week Compar			st Week
Parenteral nutrition			Less	No Change
Weekly volume (mL)			\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
IV fluids				
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
per day)	on a food-bas	sed diet)		on: lbs
				011 103
les:				ues: Ibs
0Z				150
ed:				/ed: lbs
.0Z				
nu:	Thu:		T	hu: lbs
.0Z				
i:	Fri:		Fi	ri: lbs
OZ				
at:	Sat:		S	at: lbs
OZ				
ın:	Sun:		S	un: lbs
.0Z				



Tues:	L
Wed:	L
Thu:	L
Fri:	L
Sat:	L
Sun:	L

How am I feeling?				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
1	2	3	4	5
Not w	ell ——			- Great

Do I hav	e any symptoms that are bothering me?
\bigcirc Yes	○ No

If yes, please describe: _____



³⁸ Please see Important Safety Information on pages 60-61, click for full <u>Prescribing Information</u>

²⁰ <u>and Medication Guide</u>, and discuss any questions with your doctor.



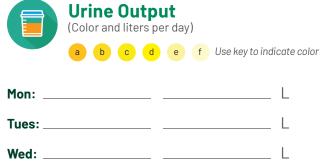
Ω	GATTEX Injection Location
N	You can use "S" for stomach, "T" for thigh, and "A" for arm (upper).

Mon:	Fri:
Tues:	Sat:
Wed:	Sun:
Thu:	





	Parenteral Su	ıpport (PS)		
This Week		Compa	red to Las	st Week
Parenteral nutrition	More	Less	No Change	
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
IV fluids				
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
(Type and ounces per day)	on a food-bas	,		
1on:	Mon:		M	on: lbs
.0Z				
lues:	. Tues:		T	ues: Ibs
.0Z				
Ved:	. Wed:			/ed: lbs
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				hu: lbs
oz				ri: lbs
.0Z				II. 103
02				at: lbs
.0Z				ut: 105
Sun:				un: lbs
.0Z			_ 0	155
	_			



Thu: ______

Fri: _____

Ноч	v am l	feelin	ıg?	
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
1	2	3	4	5
Not w	vell ———			- Great

Sat: _____

Sun: _____

Do I have any symptoms that are bothering me?				
◯ Yes ◯ No				
If yes, please describe:				



_

	Please see Important Safety	[,] Information on	n pages 60-61, i	click for full	Prescribing	Information
1.0						



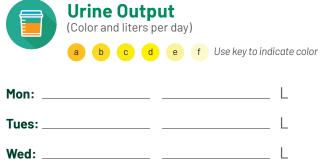
GATTEX Injection Location You can use "S" for stomach, "T" for thigh, and "A" for arm (upper).

Mon:	Fri:
Tues:	Sat:
Wed:	Sun:
Thu:	





	Parenteral Su	upport (PS)		
This Week		Compa	red to Las	st Week
Parenteral nutrition		More	Less	No Change
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
IV fluids				
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
(Type and ounces per day)	(If your health on a food-bas	ncare provider has you sed diet)		
on:0Z				on: lbs
es:				ues: lbs
0Z				ues 103
ed:				/ed: lbs
0Z				
u:	Thu:		т	hu: lbs
.0Z				
:	Fri:		Fi	ri: lbs
0Z				
t:	Sat:		S	at:Ibs
0Z				
ın:	Sun:		S	un: lbs
.0Z				



Thu: ______

Fri: ______

Hov	v am l	feelin	g?	
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
1	2	3	4	5
Not w	vell ——			- Great

Sat: _____

Sun: _____

Do I hav	ve any symptoms that are bothering me?
⊖ Yes	○ No

If yes, please describe: _____



42 Please see Important Safety Information on pages 60-61, click for full <u>Prescribing Information</u>



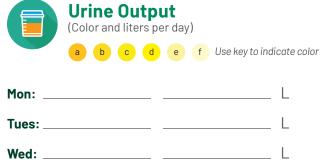
GATTEX Injection Location You can use "S" for stomach, "T" for thigh, and "A" for arm (upper).

Mon:	Fri:
Tues:	Sat:
Wed:	Sun:
Thu:	





	Parenteral Su	ıpport (PS)		
This Week		Compa	red to Las	st Week
Parenteral nutrition		More	Less	No Change
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
IV fluids				
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
(Type and ounces per day)	on a food-bas	,		
on:	Mon:		M	on: lbs
es:	Tues:		T	ues: Ibs
0Z				
ed:	Wed:		W	/ed: lbs
				Luc Ika
u:				hu: lbs
				ri: lbs
0Z			_	
t:				at: lbs
				155
				un: lbs
.07			_ 0	



Thu: ______

Fri: _____ L

Sat: _____

Sun: _____

How am I feeling?				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
1	2	3	4	5
Not w	vell ———			- Great

Do I hav	ve any symptoms that are bothering me?
⊖ Yes	○ No

If yes, please describe: _____



Please see Important Safety Information on pages 60-61, click for full <u>Prescribing Information</u>



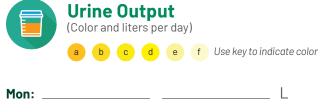
GATTEX Injection Location You can use "S" for stomach, "T" for thigh, and "A" for arm (upper).

Mon:	Fri:
Tues:	Sat:
Wed:	Sun:
Thu:	





	Parenteral Su	upport (PS)		
This Week Compa			red to Las	st Week
Parenteral nutrition	More	Less	No Change	
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
IV fluids				
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
(Type and ounces per day)	(If your health on a food-bas	ncare provider has you sed diet)		
on:	Mon:		M	on: lbs
0Z				
les:	Tues:		T	ues: lbs
0Z				
ed:	Wed:		W	/ed: lbs
0Z				
nu:	Thu:		T	hu: lbs
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i:			FI	ri: lbs
0Z			_	
				at: lbs
.0Z				un: lbs
.0Z	Sun:		_ 3	un IDS
.UZ				



Tues:	 L
Wed:	 L
Thu:	 L
Fri:	 L
Sat:	 L
Sun:	 L

Hov	v am l	feelin	g ?	
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
1	2	3	4	5
Not w	ell ——			- Great

Do I hav	<i>ve</i> any symptoms that are bothering me?
⊖ Yes	○ No

If yes, please describe: _____



Hease see Important Safety Information on pages 60-61, click for full <u>Prescribing Information</u>

⁺⁰ <u>and Medication Guide</u>, and discuss any questions with your doctor.



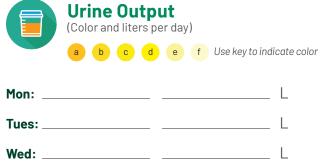
GATTEX Injection Location You can use "S" for stomach, "T" for thigh, and "A" for arm (upper).

Mon:	Fri:
Tues:	Sat:
Wed:	Sun:
Thu:	





	Parenteral Su	ıpport (PS)		
This Week		Compa	red to Las	st Week
Parenteral nutrition		More	Less	No Change
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
IV fluids				
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
Oral Fluids (Type and ounces per day)	Diet (If your health on a food-bas	acare provider has you sed diet)		Weight
Mon:	Mon:		M	on: lbs
0Z				ues: lbs
.0Z				
Wed:	Wed:		W	/ed: lbs
0Z				
Thu:	Thu:		_ т	hu: lbs
0Z				
Fri:	_ Fri:		F	ri: lbs
0Z				
Sat:	Sat:		S	at: lbs
0Z				
Sun:	Sun:		S	un: lbs
.0Z				



Sat:	 	L
Sun:	 	L

Thu: _____

Fri: _____

Hov	v am l	feelin	g ?	
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
1	2	3	4	5
Not w	ell ——			- Great

Do I hav	e any symptoms that are bothering me?
\bigcirc Yes	○ No

lf \	/es,	please	describe:	
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Please see Important Safety Information on pages 60-61, click for full <u>Prescribing Information</u>

¹⁰ <u>and Medication Guide</u>, and discuss any questions with your doctor.



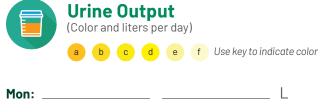
GATTEX Injection Location You can use "S" for stomach, "T" for thigh,
and "A" for arm (upper).

Mon:	Fri:
Tues:	Sat:
Wed:	Sun:
Thu:	





	Parenteral Su	upport (PS)			
This Week Compa			red to Last Week		
Parenteral nutrition		More	Less	No Change	
Weekly volume (mL)		O	\bigcirc	\bigcirc	
Days per week		O	\bigcirc	\bigcirc	
IV fluids					
Weekly volume (mL)		O	\bigcirc	\bigcirc	
Days per week		O	\bigcirc	\bigcirc	
(Type and ounces per day)	(If your health on a food-bas	ncare provider has you sed diet)			
on:	Mon:		M	on: lbs	
0Z					
es:	Tues:		T	ues: lbs	
.0Z					
ed:	Wed:		W	/ed: lbs	
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u:	Thu:		T	hu: lbs	
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:			Fi	ri: lbs	
0Z			_		
t:				at: lbs	
	oun:		_ 3	un: lbs	
.OZ					



Tues:	 L
Wed:	 L
Thu:	 L
Fri:	 L
Sat:	 L
Sun:	 L

Hov	v am l	feelin	g ?	
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
1	2	3	4	5
Not w	ell ——			- Great

Do I hav	ve any symptoms that are bothering me?
⊖ Yes	○ No

If yes, please describe: _____



⁵⁰ Please see Important Safety Information on pages 60-61, click for full <u>Prescribing Information</u>



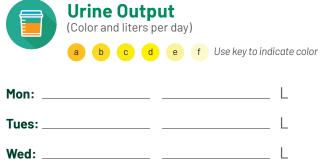
GATTEX Injection Location You can use "S" for stomach, "T" for thigh, and "A" for arm (upper).

Mon:	Fri:
Tues:	Sat:
Wed:	Sun:
Thu:	





	Parenteral Su	ıpport (PS)		
This Week		Compa	red to Las	st Week
Parenteral nutrition			Less	No Change
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
IV fluids				
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
(Type and ounces per day)	(If your health on a food-bas	ncare provider has you sed diet)		Weight
n:	Moni		м	on: lbs
.0Z				
es:	Tues:		T	ues: lbs
.0Z				
ed:	Wed:		w	/ed: lbs
.0Z				
u:	Thu:		T	hu: lbs
0Z				
:	Fri:		Fi	ri: lbs
OZ				
t:	Sat:		S	at: lbs
0Z				
in:	Sun:		S	un: lbs
.0Z				



Thu: ______

Fri: _____

Hov	v am l	feelin	ıg?	
\bigcirc	\bigcirc	\bigcirc	\bigcirc	
I Not w	2 ell ——	3	4	5 — Great

Sat: _____

Sun: _____

Do I have any symptoms that are bothering me?		
◯ Yes ◯ No		
If yes, please describe:		

	Medications/Vitamins
--	----------------------

⁵² Please see Important Safety Information on pages 60-61, click for full <u>Prescribing Information</u>

²² and <u>Medication Guide</u>, and discuss any questions with your doctor.



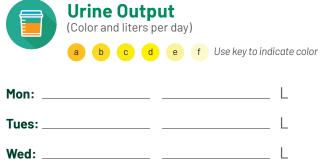
	GATTEX Injection Location You can use "S" for stomach, "T" for thigh,
M	and "A" for arm (upper).

Mon:	Fri:
Tues:	Sat:
Wed:	Sun:
Thu:	





	Parenteral Su	ıpport (PS)		
This Week		Compa	red to Las	st Week
Parenteral nutrition			Less	No Change
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
IV fluids				
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
(Type and ounces per day)	(If your health on a food-bas	ncare provider has you sed diet)		Weight
n:	Moni		м	on: lbs
.0Z				
es:	Tues:		T	ues: lbs
.0Z				
ed:	Wed:		w	/ed: lbs
.0Z				
u:	Thu:		T	hu: lbs
0Z				
:	Fri:		Fi	ri: lbs
OZ				
t:	Sat:		S	at: lbs
0Z				
in:	Sun:		S	un: lbs
.0Z				



Thu: ______

Fri: _____

Hov	v am l	feelin	ıg?	
\bigcirc	\bigcirc	\bigcirc	\bigcirc	
I Not w	2 ell ——	3	4	5 — Great

Sat: _____

Sun: _____

Do I have any symptoms that are bothering me?		
◯ Yes ◯ No		
If yes, please describe:		

Medications/Vitamins

Please see Important Safety Information on pages 60-61, click for full <u>Prescribing Information</u>

²⁴ <u>and Medication Guide</u>, and discuss any questions with your doctor.



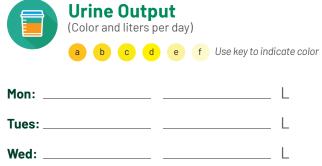
	GATTEX Injection Location You can use "S" for stomach, "T" for thigh,
M	and "A" for arm (upper).

Mon:	Fri:
Tues:	Sat:
Wed:	Sun:
Thu:	





	Parenteral Su	upport (PS)		
This Week		Compa	red to Las	st Week
Parenteral nutrition	More	Less	No Change	
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
IV fluids				
Weekly volume (mL)		O	\bigcirc	\bigcirc
Days per week		O	\bigcirc	\bigcirc
(Type and ounces per day)	on a food-bas	ncare provider has you sed diet)		
on:				on: lbs
0Z				011. 103
les:				ues:Ibs
.0Z				
ed:				/ed: lbs
.0Z				
าน:	Thu:		_ т	hu: lbs
.0Z				
i:	_ Fri:		Fi	ri: lbs
.0Z				
at:	Sat:		Si	at: lbs
0Z				
un:	Sun:		S	un: lbs
.0Z				



Thu: ______

Fri: _____

Ном	v am l	feelin	ıg?	
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
1	2	3	4	5

Sat: _____

Sun: _____

Do I have any symptoms that are bothering me?					
\bigcirc Yes	○ No				

- Great

lf v	'es,	ple	ease	des	cri	be	: _
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Not well -



Please see Important Safety Information on pages 60-61, click for full <u>Prescribing Information</u>



GATTEX Injection Location You can use "S" for stomach, "T" for thigh, and "A" for arm (upper).

Mon:	Fri:
Tues:	Sat:
Wed:	Sun:
Thu:	





MY MONTHLY UPDATE

MY 3-MONTH STATUS SHEET



Month: _____

Year: _____

Reminders

- Have your medications changed?
 If yes, please update the "Allergies, medications, and supplements" section and tell your healthcare providers about all the medicines you take.
- O **Do you have any new appointments? (such as doctor's appointments or lab tests)** If yes, please update the "My Appointments" section.
- Are there any other important dates coming up?
 Check the "My Appointments" section.

My month-to-month status

Fill out the table below with your healthcare provider.

	Last Month	This Month	Compared to Last Month		
Parenteral nutrition			More	Less	No Change
Total monthly volume (mL)			\bigcirc	\bigcirc	\bigcirc
Average days per week			\bigcirc	\bigcirc	\bigcirc
IV fluids					
Total monthly volume (mL)			\bigcirc	\bigcirc	\bigcirc
Average days per week			\bigcirc	\bigcirc	\bigcirc

Parenteral nutrition (PN)

Total monthly volume (mL) Average days per week

IV fluids Total monthly volume (mL) Average days per week

Parenteral nutrition (PN)

Total monthly volume (mL) Average days per week

IV fluids

Total monthly volume (mL) Average days per week

Parenteral nutrition (PN)

Total monthly volume (mL) Average days per week

IV fluids

Total monthly volume (mL) Average days per week

Please see Important Safety Information on pages 60-61, click for full <u>Prescribing Information</u>

and Medication Guide, and discuss any questions with your doctor.

Μ	0	n	t	h	

Notes

Month:

Notes

Month:

Notes



IMPORTANT SAFETY INFORMATION

What is GATTEX?

GATTEX® (teduglutide) for subcutaneous injection is a prescription medicine used in adults and children 1 year of age and older with Short Bowel Syndrome (SBS) who need additional nutrition or fluids from intravenous (IV) feeding (parenteral support). It is not known if GATTEX is safe and effective in children under 1 year of age.

What is the most important information I should know about GATTEX?

GATTEX may cause serious side effects, including:

Making abnormal cells grow faster

GATTEX can make abnormal cells that are already in your body grow faster. There is an increased risk that abnormal cells could become cancer. If you get cancer of the bowel (intestines), liver, gallbladder or pancreas while using GATTEX, your healthcare provider should stop GATTEX. If you get other types of cancers, you and your healthcare provider should discuss the risks and benefits of using GATTEX.

Polyps in the colon (large intestine)

Polyps are growths on the inside of the colon. Your healthcare provider will have your colon checked for polyps within 6 months before starting GATTEX and have any polyps removed. Children and adolescents will be checked for blood in the stool before they start using GATTEX.

To keep using GATTEX, your healthcare provider should have your colon checked for new polyps at the end of 1 year of using GATTEX. If no polyp is found, your healthcare provider should check you for polyps as needed and at least every 5 years and have any new polyps removed. If cancer is found in a polyp, your healthcare provider should stop GATTEX.

Blockage of the bowel (intestines)

A bowel blockage keeps food, fluids, and gas from moving through the bowels in the normal way. Tell your healthcare provider right away if you have any of these symptoms of a bowel or stomal blockage:

- trouble having a bowel movement or passing gas
- stomach area (abdomen) pain or swelling
- nausea
- vomiting
- swelling and blockage of your stoma opening, if you have a stoma

If a blockage is found, your healthcare provider may temporarily stop GATTEX.

Swelling (inflammation) or blockage of your gallbladder or pancreas

Your healthcare provider will do tests to check your gallbladder and pancreas within 6 months before starting GATTEX and at least every 6 months while you are using GATTEX. Tell your healthcare provider right away if you get:

- stomach area (abdomen) pain and tenderness
- chills
- fever
- a change in your stools

- nausea
- vomitina
- dark urine
- yellowing of your skin or the whites of your eyes

Fluid overload

Your healthcare provider will check you for too much fluid in your body. Too much fluid in your body may lead to heart failure, especially if you have heart problems. Tell your healthcare provider if you get swelling in your feet and ankles, you gain weight very guickly (water weight), or you have trouble breathing.

The most common side effects of GATTEX in adults include:

- stomach area (abdomen) pain or swelling
- nausea
- cold or flu symptoms
- skin reaction where the injection was given
- vomiting
- swelling of the hands or feet
- allergic reactions

The side effects of GATTEX in children and adolescents are similar to those seen in adults. Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

What should I tell my healthcare provider before using GATTEX?

- have cancer or a history of cancer
- have or had polyps anywhere in your bowel (intestines) or rectum
- have heart problems
- have high blood pressure
- have problems with your gallbladder, pancreas, kidneys
- about the best way to feed your baby while using GATTEX.

Tell your healthcare providers about all the medicines you take, including prescription or overthe-counter medicines, vitamins, and herbal supplements. Using GATTEX with certain other medicines may affect each other causing side effects. Your other healthcare providers may need to change the dose of any oral medicines (medicines taken by mouth) you take while using GATTEX. Tell the healthcare provider who gives you GATTEX if you will be taking a new oral medicine.

Call your doctor for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Tell your healthcare provider about all your medical conditions, including if you or your child:

• are pregnant or planning to become pregnant. It is not known if GATTEX will harm your unborn baby. Tell your healthcare provider right away if you become pregnant while using GATTEX. • are breastfeeding or plan to breastfeed. It is not known if GATTEX passes into your breast milk. You should not breastfeed during treatment with GATTEX. Talk to your healthcare provider







What is GATTEX?

GATTEX® (teduglutide) for subcutaneous injection is a prescription medicine used in adults and children 1 year of age and older with Short Bowel Syndrome (SBS) who need additional nutrition or fluids from intravenous (IV) feeding (parenteral support). It is not known if GATTEX is safe and effective in children under 1 year of age.

What is the most important information I should know about GATTEX?

GATTEX may cause serious side effects including making abnormal cells grow faster, polyps in the colon (large intestine), blockage of the bowel (intestines), swelling (inflammation) or blockage of your gallbladder or pancreas, and fluid overload.

Please see Important Safety Information on pages 60-61, click for full <u>Prescribing Information</u> <u>and Medication Guide</u>, and discuss any questions with your doctor.



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