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 intestines, 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. For additional safety information, click here for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.

Gattex® (teduglutide) for injection

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:

Carefully monitor and track your health information.

Review all changes, concerns, and successes with your care team at appointments.

Take notes, write down questions, and set treatment goals.

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
- 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.

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

Name _____ **Phone Number** _____

Gastrointestinal (GI) Surgeon

Name _____ **Phone Number** _____

Gastroenterologist

Name _____ **Phone Number** _____

Dietitian

Name _____ **Phone Number** _____

Parenteral Support and/or GATTEX Pharmacist

Name _____ **Phone Number** _____

Other

Name _____ **Phone Number** _____

My Takeda Support

Patient Support Manager

Name _____ **Phone Number** _____

Onboarding and Access Specialist

Name _____ **Phone Number** _____

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MY MONTHLY APPOINTMENTS

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

Month: _____

Appointment Type	Date	Reason	Notes

ALLERGIES, MEDICATIONS & SUPPLEMENTS

Allergies

Do you have allergies? If yes, describe below:

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

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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.

~ 1 Month

For some people, their doctor was able to reduce weekly parenteral support (PS) volume after about 1 month of treatment with GATTEX.

≥ 12 Months

For others, it took 12 months or longer of treatment with GATTEX. Some people did not respond at all.

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
- cold or flu symptoms
- skin reaction where the injection was given
- vomiting
- swelling of the hands or feet
- allergic reactions

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. For additional safety information, click here for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.

REACHING YOUR GOALS WITH GATTEX

Date: _____

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

My personal goals

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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)

Parenteral Support (PS)

This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	1400	☑	☐	☐
Days per week	M, W, F, S	☑	☐	☐
IV fluids				
Weekly volume (mL)	1200	☑	☐	☐
Days per week	Every Day	☑	☐	☐

Oral Fluids
(Type and ounces per day)

Mon: Water 55 .oz

Tues: Water 75 .oz

Wed: Oral rehydration solution 55 .oz

Thu: Oral rehydration solution 85 .oz

Diet
(If your healthcare provider has you on a food-based diet)

Mon: Lentil soup, bread

Tues: Tomato soup, meatballs (lean), bagel

Wed: Yogurt, apple

Thu: Chicken breast, bagel, vegetable soup

Weight

Mon: 130 lbs

Tues: 130 lbs

Wed: 130 lbs

Thu: 130 lbs

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

Week Of: 4/30/2021

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon:	C	1.20	L
Tues:	D	1.23	L
Wed:	E	1.21	L
Thu:	E	1.25	L
Fri:	D	1.27	L
Sat:	E	1.29	L
Sun:	E	1.29	L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon:	C	smooth	9
Tues:	B	clumpy	10
Wed:	D	mushy	8
Thu:	A	hard	8
Fri:	B	smooth	6
Sat:	B	smooth	10
Sun:	C	smooth	8

How am I feeling?

1	2	3	4	5
Not well		☑		Great

Do I have any symptoms that are bothering me?

☑ **Yes** ☐ **No**

If yes, please describe: A bit tired

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

Mon:	T (left)	**Fri:**	A (left)
Tues:	T (right)	**Sat:**	T (left)
Wed:	S	**Sun:**	T (right)
Thu:	A (right)		

Medications/Vitamins

GATTEX	potassium
magnesium	

Notes/Questions

Ask Dr. Smith about the tiredness!

Gattex® (teduglutide) for injection

My Weekly Status

Parenteral Support (PS)

This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

_____

Wed: _____

_____

Thu: _____

_____

Fri: _____

_____

Sat: _____

_____

Sun: _____

_____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

Sat: _____ _____ _____

Sun: _____ _____ _____

How am I feeling?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not well ——— **Great**

Do I have any symptoms that are bothering me?

○ **Yes** ○ **No**

If yes, please describe: _____

GATTEX Injection Location

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

Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

_____

_____

Gattex®
(teduglutide) for injection

My Weekly Status

Parenteral Support (PS)

This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

_____

Wed: _____

_____

Thu: _____

_____

Fri: _____

_____

Sat: _____

_____

Sun: _____

_____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

Sat: _____ _____ _____

Sun: _____ _____ _____

How am I feeling?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not well ——— **Great**

Do I have any symptoms that are bothering me?

○ **Yes** ○ **No**

If yes, please describe: _____

GATTEX Injection Location

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

Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

_____

_____

Gattex®
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My Weekly Status

Parenteral Support (PS)

This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

Sat: _____ _____ _____

Sun: _____ _____ _____

How am I feeling?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not well ——— **Great**

Do I have any symptoms that are bothering me?

○ **Yes** ○ **No**

If yes, please describe: _____

GATTEX Injection Location

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

Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

_____

_____

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My Weekly Status

Parenteral Support (PS)

This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

_____

Wed: _____

_____

Thu: _____

_____

Fri: _____

_____

Sat: _____

_____

Sun: _____

_____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

Sat: _____ _____ _____

Sun: _____ _____ _____

How am I feeling?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not well ——— **Great**

Do I have any symptoms that are bothering me?

○ **Yes** ○ **No**

If yes, please describe: _____

GATTEX Injection Location

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

Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

_____

_____

Gattex®
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My Weekly Status

Parenteral Support (PS)

This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

_____

Wed: _____

_____

Thu: _____

_____

Fri: _____

_____

Sat: _____

_____

Sun: _____

_____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

Sat: _____ _____ _____

Sun: _____ _____ _____

How am I feeling?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not well ——— **Great**

Do I have any symptoms that are bothering me?

○ **Yes** ○ **No**

If yes, please describe: _____

GATTEX Injection Location

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

Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

_____

_____

Gattex®
(teduglutide) for injection

My Weekly Status

Parenteral Support (PS)

This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	_____	◯	◯	◯
Days per week	_____	◯	◯	◯
IV fluids				
Weekly volume (mL)	_____	◯	◯	◯
Days per week	_____	◯	◯	◯

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

Sat: _____ _____ _____

Sun: _____ _____ _____

How am I feeling?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not well ——— **Great**

Do I have any symptoms that are bothering me?

○ **Yes** ○ **No**

If yes, please describe: _____

GATTEX Injection Location

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

Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

_____

_____

Gattex®
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My Weekly Status

Parenteral Support (PS)

This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

_____

Wed: _____

_____

Thu: _____

_____

Fri: _____

_____

Sat: _____

_____

Sun: _____

_____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

Sat: _____ _____ _____

Sun: _____ _____ _____

How am I feeling?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not well ——— **Great**

Do I have any symptoms that are bothering me?

○ **Yes** ○ **No**

If yes, please describe: _____

GATTEX Injection Location

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

Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

_____

_____

Gattex®
(teduglutide) for injection

My Weekly Status

Parenteral Support (PS)

This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

Sat: _____ _____ _____

Sun: _____ _____ _____

How am I feeling?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not well ——— **Great**

Do I have any symptoms that are bothering me?

○ **Yes** ○ **No**

If yes, please describe: _____

GATTEX Injection Location

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

Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

_____

_____

Gattex®
(teduglutide) for injection

My Weekly Status

Parenteral Support (PS)

This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

Sat: _____ _____ _____

Sun: _____ _____ _____

How am I feeling?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not well ——— **Great**

Do I have any symptoms that are bothering me?

○ **Yes** ○ **No**

If yes, please describe: _____

GATTEX Injection Location

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

Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

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_____

Gattex®
(teduglutide) for injection

My Weekly Status

Parenteral Support (PS)

This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	_____	◯	◯	◯
Days per week	_____	◯	◯	◯
IV fluids				
Weekly volume (mL)	_____	◯	◯	◯
Days per week	_____	◯	◯	◯

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

Sat: _____ _____ _____

Sun: _____ _____ _____

How am I feeling?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

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Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

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_____

Gattex®
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My Weekly Status

Parenteral Support (PS)

This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

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○ 1 ○ 2 ○ 3 ○ 4 ○ 5

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Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

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_____

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Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

Sat: _____ _____ _____

Sun: _____ _____ _____

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○ 1 ○ 2 ○ 3 ○ 4 ○ 5

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

Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

_____

_____

Gattex®
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Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

_____

Wed: _____

_____

Thu: _____

_____

Fri: _____

_____

Sat: _____

_____

Sun: _____

_____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

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○ 1 ○ 2 ○ 3 ○ 4 ○ 5

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

Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

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_____

Gattex®
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Parenteral Support (PS)

This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

Sat: _____ _____ _____

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How am I feeling?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

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If yes, please describe: _____

GATTEX Injection Location

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

Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

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_____

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_____

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My Weekly Status

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This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

_____

Wed: _____

_____

Thu: _____

_____

Fri: _____

_____

Sat: _____

_____

Sun: _____

_____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

Sat: _____ _____ _____

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○ 1 ○ 2 ○ 3 ○ 4 ○ 5

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Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

_____

_____

Gattex®
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My Weekly Status

Parenteral Support (PS)

This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	_____	◯	◯	◯
Days per week	_____	◯	◯	◯
IV fluids				
Weekly volume (mL)	_____	◯	◯	◯
Days per week	_____	◯	◯	◯

Oral Fluids

(Type and ounces per day)

Mon: _____

_____ .oz

Tues: _____

_____ .oz

Wed: _____

_____ .oz

Thu: _____

_____ .oz

Fri: _____

_____ .oz

Sat: _____

_____ .oz

Sun: _____

_____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

_____

Wed: _____

_____

Thu: _____

_____

Fri: _____

_____

Sat: _____

_____

Sun: _____

_____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

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Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

_____

_____

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Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

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

Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

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_____

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Weekly volume (mL)	_____	◯	◯	◯
Days per week	_____	◯	◯	◯
IV fluids				
Weekly volume (mL)	_____	◯	◯	◯
Days per week	_____	◯	◯	◯

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

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Fri: _____ _____ .oz

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Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

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Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

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Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

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Sat: _____ _____ L

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Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

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Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

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_____

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Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

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Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

Tues: _____

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Thu: _____

Fri: _____

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Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

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Stool/Ostomy Output
(Color, consistency, number of times per day)

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Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

_____

_____

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Weekly volume (mL)	_____	○	○	○
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IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

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Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

Tues: _____

Wed: _____

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Fri: _____

Sat: _____

Sun: _____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

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

Mon: _____ **Fri:** _____

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Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

_____

_____

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Weekly volume (mL)	_____	◯	◯	◯
Days per week	_____	◯	◯	◯
IV fluids				
Weekly volume (mL)	_____	◯	◯	◯
Days per week	_____	◯	◯	◯

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

Sat: _____ _____ _____

Sun: _____ _____ _____

How am I feeling?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not well ——— **Great**

Do I have any symptoms that are bothering me?

○ **Yes** ○ **No**

If yes, please describe: _____

GATTEX Injection Location

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

Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

_____

_____

Gattex®
(teduglutide) for injection

My Weekly Status

Parenteral Support (PS)

This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

_____

Tues: _____

_____

Wed: _____

_____

Thu: _____

_____

Fri: _____

_____

Sat: _____

_____

Sun: _____

_____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

Sat: _____ _____ _____

Sun: _____ _____ _____

How am I feeling?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not well ——— **Great**

Do I have any symptoms that are bothering me?

○ **Yes** ○ **No**

If yes, please describe: _____

GATTEX Injection Location

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

Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

_____

_____

Gattex®
(teduglutide) for injection

My Weekly Status

Parenteral Support (PS)

This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

Sat: _____ _____ _____

Sun: _____ _____ _____

How am I feeling?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not well ——— **Great**

Do I have any symptoms that are bothering me?

○ **Yes** ○ **No**

If yes, please describe: _____

GATTEX Injection Location

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

Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

_____

_____

Gattex®
(teduglutide) for injection

My Weekly Status

Parenteral Support (PS)

This Week		Compared to Last Week		
Parenteral nutrition		**More**	**Less**	**No Change**
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○
IV fluids				
Weekly volume (mL)	_____	○	○	○
Days per week	_____	○	○	○

Oral Fluids

(Type and ounces per day)

Mon: _____ _____ .oz

Tues: _____ _____ .oz

Wed: _____ _____ .oz

Thu: _____ _____ .oz

Fri: _____ _____ .oz

Sat: _____ _____ .oz

Sun: _____ _____ .oz

Diet

(If your healthcare provider has you on a food-based diet)

Mon: _____

Tues: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

Weight

Mon: _____ lbs

Tues: _____ lbs

Wed: _____ lbs

Thu: _____ lbs

Fri: _____ lbs

Sat: _____ lbs

Sun: _____ lbs

Week Of: _____

Urine Output
(Color and liters per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ L

Tues: _____ _____ L

Wed: _____ _____ L

Thu: _____ _____ L

Fri: _____ _____ L

Sat: _____ _____ L

Sun: _____ _____ L

Stool/Ostomy Output
(Color, consistency, number of times per day)

a b c d e f *Use key to indicate color*

Mon: _____ _____ _____

Tues: _____ _____ _____

Wed: _____ _____ _____

Thu: _____ _____ _____

Fri: _____ _____ _____

Sat: _____ _____ _____

Sun: _____ _____ _____

How am I feeling?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not well ——— **Great**

Do I have any symptoms that are bothering me?

○ **Yes** ○ **No**

If yes, please describe: _____

GATTEX Injection Location

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

Mon: _____ **Fri:** _____

Tues: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Medications/Vitamins

_____ _____

_____ _____

_____ _____

_____ _____

Notes/Questions

_____

_____

_____

_____

_____

Gattex®
(teduglutide) for injection

MY MONTHLY UPDATE

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.
- ◯ **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)	_____	_____	◯	◯	◯
Average days per week	_____	_____	◯	◯	◯
IV fluids					
Total monthly volume (mL)	_____	_____	◯	◯	◯
Average days per week	_____	_____	◯	◯	◯

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

MY 3-MONTH STATUS SHEET

Month: ____________

Parenteral nutrition (PN)

Total monthly volume (mL) ____________

Average days per week

IV fluids

Total monthly volume (mL) ____________

Average days per week ____________

Notes

Month: ____________

Parenteral nutrition (PN)

Total monthly volume (mL) ____________

Average days per week

IV fluids

Total monthly volume (mL) ____________

Average days per week ____________

Notes

Month: ____________

Parenteral nutrition (PN)

Total monthly volume (mL) ____________

Average days per week

IV fluids

Total monthly volume (mL) ____________

Average days per week ____________

Notes

Gattex®
(teduglutide) for injection

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 intestines

Polyps are growths on the inside of the intestines. For adult patients, your healthcare provider will have your colon and upper intestines checked for polyps within 6 months before starting GATTEX, and have any polyps removed. To keep using GATTEX, your healthcare provider should have your colon and upper intestines checked for polyps at the end of 1 year of using GATTEX.

For pediatric patients, your healthcare provider will check for blood in the stool within 6 months before starting GATTEX. If there is blood in the stool, your healthcare provider will check your colon and upper intestines for polyps, and have any polyps removed. To keep using GATTEX, your healthcare provider will check for blood in the stool every year during treatment of GATTEX. If there is blood in the stool, your healthcare provider will check your colon and upper intestines for polyps. The colon will be checked for polyps at the end of 1 year of using GATTEX.

For adult and pediatric patients, if no polyp is found at the end of 1 year, your healthcare provider should check you for polyps as needed and at least every 5 years. If any new polyps are found, your healthcare provider will have them removed and may recommend additional monitoring. 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.

Swelling (inflammation) or blockage of your gallbladder or pancreas (cont'd)
Tell your healthcare provider right away if you get:

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

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

- 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
- 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 about the best way to feed your baby while using GATTEX.

Tell your healthcare providers about all the medicines you take, including prescription or over-the-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.

For additional safety information, click here for full Prescribing Information and Medication Guide, and discuss any questions with your doctor.

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What is GATTEX?

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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 intestines, blockage of the bowel (intestines), swelling (inflammation) or blockage of your gallbladder or pancreas, and fluid overload.