



# 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 [Prescribing Information and Medication Guide](#),  
and discuss any questions with your doctor.

**Gattex**<sup>®</sup>  
(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.

**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

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 \_\_\_\_\_





## 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 wear 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
- vomiting
- nausea
- swelling of the hands or feet
- cold or flu symptoms
- 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.

## 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

---

---

---

---

---

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



# HOW TO TRACK YOUR WEEKLY HEALTH STATUS

Week Of: 4/30/2021

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

##### Parenteral nutrition

Weekly volume (mL) 1400  
Days per week M, W, F, S

##### IV fluids

Weekly volume (mL) 1200  
Days per week Every Day

#### Compared to Last Week

More      Less      No Change

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### 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



### 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!

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



### 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



### 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



### 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



### 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

### Parenteral Support (PS)

This Week	Compared to Last Week		
Parenteral nutrition	More	Less	No Change
Weekly volume (mL) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Days per week _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IV fluids			
Weekly volume (mL) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Days per week _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 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: \_\_\_\_\_

### Oral Fluids

(Type and ounces per day)

### Diet

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

### Weight

Mon: \_\_\_\_\_  
 \_\_\_\_\_ .OZ  
 Tues: \_\_\_\_\_  
 \_\_\_\_\_ .OZ  
 Wed: \_\_\_\_\_  
 \_\_\_\_\_ .OZ  
 Thu: \_\_\_\_\_  
 \_\_\_\_\_ .OZ  
 Fri: \_\_\_\_\_  
 \_\_\_\_\_ .OZ  
 Sat: \_\_\_\_\_  
 \_\_\_\_\_ .OZ  
 Sun: \_\_\_\_\_  
 \_\_\_\_\_ .OZ

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

Mon: \_\_\_\_\_ lbs  
 Tues: \_\_\_\_\_ lbs  
 Wed: \_\_\_\_\_ lbs  
 Thu: \_\_\_\_\_ lbs  
 Fri: \_\_\_\_\_ lbs  
 Sat: \_\_\_\_\_ lbs  
 Sun: \_\_\_\_\_ lbs

### 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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



### 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



### 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



**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



**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



**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



**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



### 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



### 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



**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



**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



**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



**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



**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



**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



### 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



### 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

This Week	Compared to Last Week		
	More	Less	No Change
<b>Parenteral nutrition</b>			
Weekly volume (mL) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Days per week _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>IV fluids</b>			
Weekly volume (mL) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Days per week _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**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



**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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



### 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



### 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

This Week	Compared to Last Week		
Parenteral nutrition	More	Less	No Change
Weekly volume (mL) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Days per week _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>IV fluids</b>			
Weekly volume (mL) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Days per week _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 **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

 **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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



**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



**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



### 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



### 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



**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



**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



**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



**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



**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



**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

This Week	Compared to Last Week		
	More	Less	No Change
<b>Parenteral nutrition</b>			
Weekly volume (mL) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Days per week _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>IV fluids</b>			
Weekly volume (mL) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Days per week _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**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



**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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



### 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



### 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

This Week	Compared to Last Week		
Parenteral nutrition	More	Less	No Change
Weekly volume (mL) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Days per week _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>IV fluids</b>			
Weekly volume (mL) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Days per week _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**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



**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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



**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



**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Weekly Status

Week Of: \_\_\_\_\_

## Parenteral Support (PS)

### This Week

#### Parenteral nutrition

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

#### IV fluids

Weekly volume (mL) \_\_\_\_\_

Days per week \_\_\_\_\_

### Compared to Last Week

More      Less      No Change

          

          

          

          



**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



**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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		
			More	Less	No Change
<b>Parenteral nutrition (PN)</b>					
Total monthly volume (mL)	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Average days per week	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>IV fluids</b>					
Total monthly volume (mL)	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Average days per week	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## MY 3-MONTH STATUS SHEET

### Parenteral nutrition (PN)

Total monthly volume (mL) \_\_\_\_\_

Average days per week \_\_\_\_\_

### IV fluids

Total monthly volume (mL) \_\_\_\_\_

Average days per week \_\_\_\_\_

Month: \_\_\_\_\_

### Notes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Parenteral nutrition (PN)

Total monthly volume (mL) \_\_\_\_\_

Average days per week \_\_\_\_\_

### IV fluids

Total monthly volume (mL) \_\_\_\_\_

Average days per week \_\_\_\_\_

Month: \_\_\_\_\_

### Notes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Parenteral nutrition (PN)

Total monthly volume (mL) \_\_\_\_\_

Average days per week \_\_\_\_\_

### IV fluids

Total monthly volume (mL) \_\_\_\_\_

Average days per week \_\_\_\_\_

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
- 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](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

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



# Gattex<sup>®</sup>

(teduglutide) for injection

## What is GATTEX?

GATTEX<sup>®</sup> (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 [Prescribing Information and Medication Guide](#), and discuss any questions with your doctor.



GATTEX and the GATTEX logo are registered trademarks of Shire-NPS Pharmaceuticals, Inc., a Takeda company. TAKEDA and the TAKEDA logo are registered trademarks of Takeda Pharmaceutical Company Limited.

©2021 Takeda Pharmaceuticals U.S.A., Inc. All rights reserved. US-TED-0869v1.0 08/21