

# Short Bowel Syndrome (SBS): Patient History Tracker

## Treatment History

Have you undergone intestinal resection as a result of any of the following conditions? If so, please provide the date of the procedure.  
(Check all that apply.)

| Condition  | Date(s) | Description |
|--|---------|-------------|
| Trauma   |         |             |
| Complications of weight loss surgery                         |         |             |
| Congenital abnormality                                       |         |             |
| Crohn's disease  |         |             |
| Twisting of the intestines (volvulus)                        |         |             |
| Ischemic event (loss of blood supply)                        |         |             |
| Strangulated hernia (loss of blood supply to herniated area) |         |             |
| Ulcerative colitis   |         |             |
| Other (please specify)                                       |         |             |

If you checked any of the boxes in the previous section, please provide the following information, if known.

Estimated length of removed bowel:

Estimated length of remaining bowel:

Do you have a stoma?    Yes    No

Please indicate which segments of bowel remain, if known.

- Duodenum
- Jejunum
- Ileum
- Colon
- Ileocecal valve

Have you been hospitalized since undergoing intestinal resection? If so, please describe the circumstances for each hospitalization.

### Dates of Hospitalization

Start

End

Reason for Hospitalization

## Symptoms

Have you recently been experiencing any of the following symptoms? (Check all that apply.)

|                       |                     |           |
|-----------------------|---------------------|-----------|
| Diarrhea, leading to: | Bloating            | Heartburn |
| Dehydration           | Cramping            | Gas       |
| Malnutrition          | Fatigue             | Nausea    |
| Weight loss           | Foul-smelling stool |           |

