

## Discussion Guide: Talking to Your Doctor About Your Experience With CIDP

The following guide has been designed to help you track your symptoms and abilities to enable a more productive conversation with your doctor. Inspired by well-established assessment tools for measuring disability, this guide may help you and your doctor identify trends in your symptoms and abilities for a more informed discussion about managing CIDP.

Explaining your symptoms, abilities, and treatment goals in detail can help your doctor better understand your experience. This guide allows you to capture what has impacted you the most and convey that information to your doctor.



## Spotting Trends With Your Doctor: Symptoms



- Fill in the dot in the color bar that corresponds with how you feel. This may offer you and your doctor some insight into symptom trends over time
- Complete regularly or when you notice a change in your symptoms

Rating scale: ○ Non	e Mild (noti	ceable) Mo	oderate (bothersome	e) Severe (del	bilitating)	
Today's date (month/day)						
Arm Symptoms						
Muscle weakness (e.g., hand grip)						
Tingling / Numbness						
Burning pain						
Leg Symptoms						
Muscle weakness (e.g., foot drop)						
Tingling / Numbness						
Burning pain						
Other Signs and Sympto	ms	,				
Fatigue (tiredness)						
Other (e.g., falls, brain fog)  Use the squares to the right to note any additional signs or symptoms.						

## Spotting Trends With Your Doctor: Abilities and Emotional Well-Being



- Fill in the dot in the color bar that corresponds with your experience. This may offer you and your doctor some insight into trends in your abilities and emotional well-being over time
- Complete regularly or when you notice a change in your abilities or emotional well-being

Rating scale: ○ Easi	ly With some difficulty	<ul><li>With great difficulty</li></ul>	Unable
Today's date (month/day)			
Activities of daily living			
I am able to brush my teeth			
I am able to take a shower by myself			
I am able to button my shirt			
I am able to carry and put down my groceries			
I am able to walk up a flight of stairs			
I am able to walk while avoiding obstacles (balance)			
Emotional well-being			
I am able to find pleasure doing things I typically enjoy			
I am able to relax			

## **Preparing for Your Visit**

**Next doctor appointment:** 



Preparing for a doctor visit may help you get the most out of your appointment. Take some time to respond to the questions below and share this entire discussion guide with your doctor.



0.4	(month/day)
O1.	Looking back on what you've tracked, what are some things you would like to be able to do? (i.e., your short- and long-term goals)
02.	List any experiences with your current treatment: (e.g., symptom improvement, side effects, or anything else related to treatment)
03.	Have your caregivers or loved ones noticed any changes in you that you would like to share with your doctor?
04.	What else would you like to discuss with your doctor? (e.g., stress, diet, sleep, exercise)

