



# IBD STORY

**MY TYPE OF IBD:**

**I WAS DIAGNOSED WHEN I WAS:**

**OTHER PEOPLE IN MY FAMILY WHO HAVE IBD:**

**OTHER CHRONIC CONDITIONS I DEAL WITH:**

**I HAVE HAD SURGERY FOR MY IBD: YES / NO**

**MY IBD AFFECTS MY ABILITY TO WORK/GO TO SCHOOL: YES / NO**

**WHAT I WISH OTHERS KNEW ABOUT LIVING WITH IBD:**