



DO YOU SUFFER FREQUENTLY FROM ABDOMINAL PAIN OR STOMACH CRAMPING?



IF THE ANSWER IS YES – fill out this simple symptom checklist that has been developed and approved by a Canadian family physician. Once complete, your doctor can help you choose a treatment option that best suits your needs.

DID YOU KNOW?



23%
OF CANADIANS AGED 25+ SUFFER FROM ABDOMINAL PAIN



INTENSE SUFFERERS ACCOUNT FOR NEARLY **40%**
OF ABDOMINAL PAIN EPISODES AND EXPERIENCE EPISODES WEEKLY

SYMPTOM CHECKLIST

Please answer the following questions.

1 Do you suffer from painful abdominal spasms and/or cramps? Y N

2 When did this begin? LESS THAN TWO WEEKS AGO MORE THAN TWO WEEKS AGO

3 Do you often feel bloated? Y N

4 Do you suffer from constipation? Y N

5 Do you suffer from diarrhea or loose stools? Y N

6 After going to the bathroom, does it often feel like you haven't completely emptied your bowels? Y N

7 Please check all that apply. I have noticed the following in my stool: MUCUS BLOOD SLIME

8 Have you experienced unexplained weight loss lately? Y N

9 Please check all that apply. Do you suffer from any of the following: ANXIETY STRESS DEPRESSION SLEEP ISSUES

10 How would you rate your pain on a scale of 1 to 10? (1 being very mild and 10 being most severe)
 1 2 3 4 5 6 7 8 9 10

11 Do you have a family history of any of the following? BOWEL CANCER CROHN'S DISEASE ULCERATIVE COLITIS LACTOSE INTOLERANCE CELIAC DISEASE (GLUTEN INTOLERANCE)

12 Have you noticed anything that makes the pain better or worse?

13 Have you tried to treat your symptoms yourself? If yes, please write down the products you tried and for approximately how long:

Be sure to review this completed checklist with your healthcare professional!

ASK YOUR HEALTHCARE PROFESSIONAL IF BUSCOPAN® IS RIGHT FOR YOU:
• Targeted relief of abdominal cramps • Relaxes tight muscles to relieve abdominal cramps and pain



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