



If you would like another copy of the symptom tracker, talk to your doctor or nurse before your next appointment

Symptom tracker for people living with primary biliary cholangitis (PBC)

Date of last appointment:

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Date of upcoming appointment:

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Today's date:

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IPSEN IN PBC

IQIRVO®(elafibranor) Patient Support

PBC symptom tracker

This tracker has been given to you as you have been prescribed IQIRVO® (elafibranor) by your doctor. It is designed to help you capture details about your symptoms since your last appointment so you can discuss them with your doctor or nurse. In the lead-up to your next appointment, try to complete the questions below to the best of your ability.

Use the scales below to rate how much your symptoms have impacted various areas of your daily life since your last appointment. Please rate them from 1 (not at all) to 5 (a lot).

Completing daily tasks



Getting a good night's sleep



Socialising and spending time with loved ones



Feeling productive at work



Taking part in sport and exercise



Taking part in personal hobbies



Having good emotional wellbeing



How much have the following symptoms impacted you over the last month?

Pruritus (itch)



Not at all



A bit



A lot

Fatigue



Not at all



A bit



A lot

Brain fog



Not at all



A bit



A lot

Refer to the **Symptom Guide** for an overview of the different symptoms of PBC and suggestions on how to manage them.

This medicine is subject to additional monitoring. This will allow quick identification of new safety information. If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet.

You can help by reporting any side effects you may get. See www.mhra.gov.uk/yellowcard/ for how to report side effects.

Side effects should also be reported to Ipsen via email at pharmacovigilance.uk-ie@ipsen.com or phone on 01753 627777.

Your notes



Use this space to record details of any symptoms you've been experiencing, thinking about things such as:

- The date
- What was it?
- How bad was it?
- How has it been affecting you (physically, mentally, socially)?
- Certain things that improve symptoms or make them worse?

Example: 21/07/2024, the fatigue was hard to deal with, it felt like my arms were too heavy to lift. I had three bad night's sleep in a row.

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