

 Date \_\_\_\_\_



## DISCUSSING TREATMENT WITH YOUR HEALTHCARE TEAM

After starting treatment with BIMZELX® (bimekizumab-bkzx), it's important to check in with how you're doing. This guide can help you track your experience so your healthcare team (such as your doctor, nurse, or BIMZELX Navigate® Nurse Navigator\*) can better support your treatment.

Sometimes it helps to jot down a few notes so you don't forget any concerns at your next appointment.



To help track changes in your symptoms, it's recommended to fill out this guide **after your first week of treatment with BIMZELX, then again 4-8 weeks later**, and bring it to your next appointment.

### 1. When was the last time your symptoms flared or worsened?

### 2. Overall, do you feel like your symptoms have:

☐ Improved ☐ Worsened ☐ Not changed ☐ Other \_\_\_\_\_

### 3. How would you rank your overall day-to-day symptom level?

(None) ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 (Unbearable)

### 4. Has your condition recently caused you to: (Select all that may apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Miss a day or more from work or school  | <input type="checkbox"/> Have difficulty sleeping                |
| <input type="checkbox"/> Cancel social plans   | <input type="checkbox"/> Spend 2 or more days in bed or immobile |
| <input type="checkbox"/> Struggle with everyday activities, like cooking, cleaning, or taking care of yourself | <input type="checkbox"/> No change                               |
| <input type="checkbox"/> Other _____   |  |

### 5. Are you satisfied with your current treatment?

☐ I'm very satisfied ☐ I'm satisfied ☐ I'm somewhat satisfied ☐ I'm not at all satisfied

### 6. How would you rate administering your treatment at home?

(Extremely simple) ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 (Extremely difficult)

For injection-related support, contact your Nurse Navigator or visit [BIMZELXNavigate.com](https://BIMZELXNavigate.com) for injection resources.

### 7. What would you like to talk about regarding your treatment or symptoms?

### 8. Is there anything about your treatment you'd like to discuss with your care team? (Select all that may apply)

- |  |   |
|--|---|
| <input type="checkbox"/> How BIMZELX is shipped to me  | <input type="checkbox"/> Administering BIMZELX  |
| <input type="checkbox"/> Tools for adhering to BIMZELX | <input type="checkbox"/> Traveling with BIMZELX |
| <input type="checkbox"/> Proper storage of BIMZELX     |   |

Reach out to your Nurse Navigator about any of these topics. They will be able to provide answers and resources to share with you.

### 9. List any other topics you'd like to remember to bring up at your next appointment:

\*Nurse Navigators do not provide medical advice and will refer you to your healthcare professional for any treatment-related questions.