

# PRURIGO NODULARIS IS MORE THAN SKIN DEEP

Living with symptoms of prurigo nodularis (PN) is not easy. Along with the relentless itch and burdensome bumps, the effect a chronic condition can have on your well-being is nothing short of challenging. You should be proud of yourself for all you have managed and all the sacrifices you may have made along the way. When you pay attention to these physical and emotional symptoms, and stay consciously in tune with how you are feeling, you're able to keep your doctor up to date on the details so you can better work as a team.

## KEEP TRACK OF YOUR SIGNS AND SYMPTOMS

DATE: \_\_\_\_\_


For the next 7 weeks, or until your next appointment, complete each of the questions below by detailing how you feel about your signs and symptoms. Consider making this worksheet a part of your routine by completing it on the same day each week and keeping it in a visible place as a reminder. Even if your signs and symptoms change between visits to your doctor, you can use it as a starting point to begin the conversation. Continue to advocate for yourself on how PN may be impacting your life, and make your voice heard.

### ITCH

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
<b>How was your itch in the past week?</b> WRITE in a number from 0 (no itch) to 10 (worst imaginable itch).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Did you have any pain, burning, or stinging along with the itch?</b> WRITE in a number from 0 (none) to 10 (worst imaginable).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### BUMPS

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
<b>About how many bumps did you notice?</b> SELECT one.							
<b>Few</b> (0-5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Some</b> (6-19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Many</b> (20+)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 Consider taking photos to show your doctor at your next visit.








NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
<b>Where have most of your bumps been located?</b> CIRCLE the areas where bumps are present.							

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SLEEP

How did you sleep in the past week overall?

SELECT one.

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
Well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not Well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NOTES: \_\_\_\_\_

---

---

---

---

How many times did you wake up in the night in the past week because of your itching or skin bumps?

SELECT one.

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
Rarely (0-1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often (2-3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Routinely (4+)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NOTES: \_\_\_\_\_

---

---





---

---

## MOOD

How did you feel overall in the past week?

DRAW in the face: happy, OK, sad.

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
						

NOTES: \_\_\_\_\_

---

---

---

Did PN affect any of your social or work activities in the past week? If so, what activities, and how did PN impact them?

---

---



### STAY COMMITTED

It's important to track your signs and symptoms. Bring this tracker to your next appointment to help have a more informed conversation with your doctor. For help preparing for the conversation, check out this [discussion guide](#).