Make sure to tell your doctor the following (check or fill in your answers):

On average, how many soft or loose bowel movements did you have per day last week?

- Less than 4
- 4-6
- More than 6

Are you experiencing cramps and/or abdominal pain? If so, how severely?

- Yes
- No

Do you experience blood in your stool?

- Yes
- No

How many “accidents” or “near accidents” have you had in the past month?

- Less than 4
- 4-6
- More than 6

Do your ulcerative colitis symptoms wake you up at night?

- Yes
- No

Do you take special steps to accommodate your ulcerative colitis symptoms? (check all that apply)

- Excuse yourself often to use the bathroom
- Always sit by the exit, just in case
- Skip meals or avoid certain foods to prevent having to use the bathroom often
- Map out the nearest bathrooms

Questions you can ask your doctor (check or fill in your answers):

- How does the severity of my disease determine what kind of treatment I can use?
- How do I know if I am responding well to my current treatment?
- Can you tell me about other treatment options? What are the risks and benefits?
- Is there a special diet I should follow?

Additional questions you want to ask your doctor: