You, Me + UC Pre-Visit Questionnaire

A guide to help you prepare for conversations with your healthcare provider.

This questionnaire was designed to help you talk to your doctor about ulcerative colitis (UC), helping your doctor understand how UC may be impacting your daily life. It's intended to help you **share how you're doing and empower you to have an open, honest conversation** about your symptoms and overall well-being. Your answers could help you discuss the most important aspects of your UC with your doctor, **potentially leading to a better management plan.** Please note: These questions do not provide any diagnosis. Only a doctor can diagnose UC.

Physical Symptoms

Changes in your body can be big or small. It's important to let your healthcare provider know about any changes, as it may impact the ways you manage your UC.

1. Do you think you're currently flaring?

(A flare is when your ulcerative colitis symptoms come back or increased intensity.)

○ Yes, I'm having symptoms
○ No, but I just had one
○ No, I haven't had one in a while
○ Unsure / Other

2. How often do you have blood in your stool?

○ Monthly
○ Weekly
○ Daily
○ Never

3. Have you had any new UC symptoms within the past 2 weeks?

○ Yes
○ No

3a. If you chose "yes", what are the new symptoms?

(Choose all the new symptoms that you have.)

○ Fever
○ Diarrhea
○ Blood in stool
○ Severe constipation
○ Rectal pain or bleeding
○ Increased stool urgency and/or accidents

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Physical Symptoms (cont.)

○ Stomach pain and cramping
○ Change in frequency of bowel movements
○ Unsure / Other

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○ Extreme tiredness
○ Weight loss
○ Anxiety, depression, or mood swings

1. **When you feel the need to go, how urgent is that need?**
   ○ It's usually not urgent, I can wait in a bathroom line
   ○ Pretty urgent, but I always get to the toilet in time
   ○ Incredibly urgent, I sometimes don't make it to the bathroom in time

2. **Have you lost weight without trying because of your UC?**
   ○ Yes
   ○ No
   ○ Unsure

3. **Do you have enough energy to do the tasks and activities you want to do?**
   ○ Yes
   ○ Sometimes
   ○ No

4. **Have you been having trouble sleeping because of your UC?**
   ○ Yes
   ○ No

Quality of Life (QoL) Impact

UC impacts more than your physical body. You may have adapted parts of your lifestyle to a new normal, but there may be other ways to manage. Let your healthcare provider know about any changes you've made.

8. **Compared to before your diagnosis, how much does your UC interfere with your daily activities?**
   ○ A great deal
   ○ Considerably
   ○ Moderately
   ○ Slightly
   ○ Not at all

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Quality of Life (QoL) Impact (cont.)

9. Compared to before your diagnosis, to what extent do you feel your UC impacts your ability to commit to social events or obligations?

○ Always
○ Often
○ Occasionally
○ Rarely
○ Never

10. How would you describe your overall mood over the past few weeks?
(Choose all that apply to you.)

○ Hopeful
○ Content
○ Down/Blue
○ Irritable
○ Other

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11. Is UC impacting your mental or emotional wellbeing?

○ Yes
○ No
○ Unsure

12. In the last three months, have you changed your plans based on the need to be close to a bathroom?

○ Yes
○ Sometimes
○ No

13. Do you feel UC has impacted your self-confidence compared to before your diagnosis?

○ Yes
○ No

14. Has your UC affected how intimate you are with your partner/other people?

○ Yes
○ No
○ Not applicable

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Quality of Life (QoL) Impact (cont.)

15. **Which of the following goals are important to managing your UC? Choose all that apply:**

- ○ Being able to focus more on work/school
- ○ Having more restful sleep
- ○ Spending more time with loved ones
- ○ Having less physical pain/abdominal pain or discomfort in daily life
- ○ Being able to travel and take vacations
- ○ Being able to make plans for the future
- ○ Other

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Additional Topics to Consider

1. **What activities did you enjoy doing before your UC diagnosis?**

2. **What activities do you enjoy doing today?**

3. **Compare the two lists. What's changed, and why?**

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Additional Topics to Consider (cont.)

4. Compared to before you began experiencing UC symptoms, how has your disease affected your daily living?

5. As a result of your UC, have you had to change when, where, or how you are doing things compared to before your UC symptoms?

6. What are your priorities for your next visit?

7. Are there any other questions or topics you want to address with your doctor? This is the time to bring up anything that's been on your mind.