

Visit Planner for Ulcerative Colitis

The Visit Planner for Ulcerative Colitis is a very simple tool to help you prepare for a visit with your care team. Complete the fields below, then print a copy to take with you.

**Top of Form**

**During the past month, treatment of ulcerative colitis has been a worry in my/my child's life:**

All of the time

Most of the time

Some of the time

A little of the time

None of the time

**I understand the nature and causes of my/my child’s ulcerative colitis:**

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly Agree

**I know the different treatment options available for my/my child’s ulcerative colitis:**

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly Agree

**Here is my list of things I'm concerned about and questions that I have:**



*Note: If printing from this page, make sure all text in this box is visible before clicking the link to print.*

**Since your last visit, have you/your child been in the emergency room or been hospitalized for ulcerative colitis?:**

Yes

No

**If you answered "yes" to the question above, when was it?:**







**Since your last visit, have you/your child had a relapse (a return of your ulcerative colitis symptoms)?:**

Yes

No

**If you answered "yes" to the question above, when was it?:**







Bottom of Form