

WEEK: ___ / ___ / ___

My UC Symptoms Diary

	S	M	T	W	Th	F	Sa
How many bowel movements did you have today?							
Did you experience any: Soiling? Bleeding? Mucus? Fever?							
How severe was your cramping or pain? <i>0=none</i> <i>1=mild</i> <i>2=moderate</i> <i>3=severe</i>							
What did you eat and drink today?							
What were you doing before your symptoms started?							
Did you feel stressed or anxious today?							

You may want to keep this diary in the bathroom to help you remember to fill it out.