



Patient's Name: _____ Date: _____

Disease Activity Index (patients with ulcerative colitis). Please circle the appropriate score.

1. Stool frequency:

Normal	0
1-2 Stools/day>normal	1
3-4 Stools/day>normal	2
>4 Stools/day>normal	3

2. Rectal bleeding:

None	0
Streaks of blood	1
Obvious blood	2
Mostly blood	3

3. Mucosal appearance:

Normal	0
Mild friability	1
Moderate friability	2
Exudation, spontaneous bleeding	3

4. Physician's rating of disease activity:

Normal	0
Mild	1
Moderate	2
Severe	3