

## Partial Mayo Scoring Index Assessment for Ulcerative Colitis Activity

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Please write down the number of deily boyel		Date:	
		Patient Name:	
	ease write down the number of daily bowel	Date of Birth: PHN/ULI::	
	otions or outputs you would have when in	111147 011	
	mission or before your diagnosis or symptoms of		
ulo	cerative colitis began This # is your 'normal'.		
Patient, now please complete Questions 1 & 2.			
1.	Stool Frequency (based on past 3 days)		
	Normal number of stools = 0		
	1-2 stools more than normal = 1		
	3-4 stools more than normal = 2	Write score selected	
	5+ stools more than normal = 3	on the left	
2.	Rectal Bleeding (based on past 3 days)		
	No blood seen = 0		
	Streaks of blood with stool less than half the time = 1		
	Obvious blood with stool most of the time = 2	Write score selected	
	Blood passed alone = 3	on the left	
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Physician, please complete Question 3			
3.	Physician's Global Assessment		
The	physician's Global Assessment acknowledges the sub scores, the daily re	ecord of abdominal discomfort, functional	
ass	essment, and other observations such as physical findings, and the patie	nt's performance status.	
	Normal (sub scores mostly 0)		
	Mild disease (sub scores mostly 1)		
	Moderate disease (sub scores mostly 1 to 2)		
	Severe disease (sub scores are mostly 2 to 3)	Write score selected on the left	
	,		
To	tal Partial Mayo Index Score:  Sum of all boxes above		
Re	mission = 0-1		
	Mild Disease = 2-4		
Moderate Disease = 5-6			
Se	Severe Disease 7-9		