

Date Completed _____

REDCap # _____ Pre _____ Post _____ Long Term Follow-up _____ months

PERIANAL CROHN'S INDEX

Bowel Frequency/Number of Bowel Movements – Daytime

1 - 3	4 - 6	7 - 9	>9
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Bowel Frequency/Number of Bowel Movements – Nighttime

0	1 - 3	4 - 6	>6
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Urgency of Defecation/Feeling that Need to Move Bowels Right Away

None	Need to Hurry	Need to Move Bowels Immediately	Incontinence/Can't Get to Toilet in Time
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Taking Diphenoxylate/atropine (Lomotil), Loperamide(Imodium) or Opiates for Diarrhea?

No _____

Yes _____ Frequency

1-2 days/wk	3-4 days/wk	5-6 days/wk	daily
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Visible Blood in Stool

None	Small streaks of blood on stool	Occasionally bloody	Usually bloody
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General Well Being

Very well	Slightly below par	Poor	Very poor	Terrible
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Activities

Normal	Slightly impaired	Activities restricted	Unable to work/go to school
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Continued on back

Abdominal Pain/Pain in Stomach

None	Before/after bowel movements	Pain most of the time
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Rectal Discharge

No discharge	Minimal mucous discharge/ small spotting	Moderate mucous or pus discharge	Substantial discharge	Gross fecal/stool soiling
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