# PERIANAL CROHN'S INDEX

### 1. Do you have an anal fissure or tear in the anal area that won't heal?

Voc	No (if no skip to
Yes	question 3)

#### 2. How much of a problem is this anal fissure or tear

None	A little problem, occasional pain and discomfort	A medium problem with pain and discomfort regularly that's manageable	A major problem with significant pain and discomfort that affects my life
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# 3. Do you have a fistula or fistulas (pathway from the bowel to the skin or other organ) in/around the anus? If yes, how many?

No (skip to	1	2	2	<u>\</u> 2
number 5)	T	Z	5	~5

## 4. In total, how much discharge do you have from the fistula(s)?

# 5. Do you have a rectal discharge?

No discharge	A little bit of mucous discharge	A medium amount of mucous or pus	A lot of discharge	Gross fecal/stool soiling
discharge	discharge	, , , , , , , , , , , , , , , , , , ,		

# 6. Are there areas in your anal region that are swollen, firm, or hard to the touch? If yes, how many?

# 7. Do you have setons in place? If yes, how many?

No	1	2	3	>3
	_		<b>.</b>	

#### 8. Bowel Frequency/Number of Bowel Movements – Daytime

1 - 3	4 – 6	7 – 9	>9

### 9. Bowel Frequency/Number of Bowel Movements – Nighttime

0 1-3 4-6 >6				
1  (1  1-3  4-6  >6	•			<b>^</b>
	0	1-3	4-6	>h
	•	4 5	10	6

### 10. Urgency of Defecation/Feeling that Need to Move Bowels Right Away

None	Nood to Hurry	Need to Move	Incontinence/Can't
None	None Need to Hurry	Bowels Immediately	Get to Toilet in Time

# 11.Taking Diphenoxylate/atropine (Lomotil), Loperamide (Imodium) or Opiates for Diarrhea?

No\_\_\_\_

Yes Frequency of Meds 1	-2 days/wk	3-4 days/wk	5-6 days/wk	daily
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**12.Visible Blood in Stool?** 

None	Small streaks of blood	Occasionally bloody	Usually bloody
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#### 13.Abdominal Pain/Pain in Stomach?

None	Before/after bowel	Prolonged
	movements	

# 14. Taking medications for abdominal pain/pain in stomach?

No\_\_\_\_\_

Yes\_\_\_\_\_ Frequency of Meds

1-2 days/wk 3-4 days/wk 5-6 days/wk daily