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**Appendix A. Pediatric Ulcerative Colitis Activity Index (PUCAI)\***

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Answers should reflect a daily average of the last 2 days: If clinical conditions are changing rapidly (i.e., during intense intravenous therapy), the most recent 24 hours should be considered.

*Item 1.*      Abdominal pain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No pain (0)	Pain can be ignored (5)	Pain cannot be ignored (10)

*Item 2.*      Rectal bleeding

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None (0)	Small amount only, in less than 50% of stools (10)	Small amount with most stools (20)	Large amount (>50% of the stool content) (30)

*Item 3.*      Stool consistency of most stools

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formed (0)	Partially formed (5)	Completely unformed (10)

*Item 4.*      Number of stools per 24 hours (Note: Clustered several small stools over a very short period of time that could be related to tenesmus or incomplete evacuation should be considered as 1 stool.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-2 (0)	3-5 (5)	6-8 (10)	>8 (15)

*Item 5.* Nocturnal stools (any episode of causing wakening)

No (0)

Yes (10)

*Item 6.* Activity level

No limitation  
of activity (0)

Occasional limitation  
of activity (5)

Severe restricted  
activity (10)

Sum of PUCAI (0 - 85)

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\*Turner et al. *Gastroenterology* 2007;133:423-432.

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**Appendix B. Patient-Based Pediatric Ulcerative Colitis Activity Index**

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These are questions about how you have been feeling over the **past two days**. Please check only one box per question.

*Question 1.* How much has your stomach been hurting in the past two days?

- |                          |  |   |
|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>                      |
| Not at all               | Hurting somewhat,<br>but I can ignore it | Hurting very much;<br>it is always on my mind |

*Question 2.* Did you have stools containing blood over the past two days?

- |                          |  |                                  |   |
|--------------------------|--|----------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/>                               | <input type="checkbox"/>         | <input type="checkbox"/>                        |
| Not at all               | A small amount<br>only, in less than<br>half of stools | Small amount<br>with most stools | Large amount,<br>in more than half<br>of stools |

*Question 3.* Which of the following best describes your stool over the past two days?

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Solid                    | Soft (passes easily)     | Watery                   |

*Question 4.* Number of stools per 24 hours (from yesterday this time until now).

Please remember that if you are having small frequent stools one after another without having left the bathroom, it counts as one stool.

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0-2                      | 3-5                      | 6-8                      | More than 8              |

Question 5. Did you wake up overnight because you needed to move your bowels?

No

Yes

Question 6. How has your activity level been over the past 2 days?

I have been able  
to do my usual  
activities without  
a problem.

Sometimes I have  
had to stop what I  
wanted to do because  
I was not feeling well.

I have not been  
able to do my usual  
activities at all.

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