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

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

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- No pain (0)
- Pain can be ignored (5)
- Pain cannot be ignored (10)

**Item 2.** Rectal bleeding

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- None (0)
- Small amount only, in less than 50% of the stool content (10)
- Small amount with most stools (20)
- Large amount (>50% of the stool content) (30)

**Item 3.** Stool consistency of most stools

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- 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.)

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- 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 Occasional limitation Severe restricted of activity (0) of activity (5) activity (10)

Sum of PUCAI (0 - 85)

Appendix B. Patient-Based Pediatric Ulcerative Colitis Activity Index

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?

☐ Not at all  ☐ Hurting somewhat, ☐ Hurting very much; but I can ignore it ☐ it is always on my mind

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

☐ Not at all  ☐ A small amount  ☐ Small amount  ☐ Large amount, only, in less than half of stools  ☐ Large amount, in more than half of stools

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

☐ 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.

☐ 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.