



## Adult Crohn's Disease Activity Index

1 Week ending

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Patient's full name

Sex

Male

Female

Each parameter in this table must be assigned a value.

			Factor	Subtotal
<b>Liquid stools</b> (cumulative total over the last 7 days)	Number of liquid or soft stools over the last 7 days	sum =	x 2	
	<input type="text"/>	<input type="text"/>		
<b>Abdominal pain †</b> (cumulative total over the last 7 days)	Daily assessment †	sum =	x 5	
	<input type="text"/>	<input type="text"/>		
<b>General well being ‡</b> (cumulative total over the last 7 days)	Daily assessment ‡	sum =	x 7	
	<input type="text"/>	<input type="text"/>		
<b>Extra-intestinal</b>				
Arthritis/arthritis	None = 0	score =	x 20	
	Yes = 1			
Iritis/uveitis	None = 0	score =	x 20	
	Yes = 1			
Skin/mouth lesions	None = 0	score =	x 20	
	Yes = 1			
Peri-anal disease	None = 0	score =	x 20	
	Yes = 1			
Other fistula	None = 0	score =	x 20	
	Yes = 1			
Fever > 37.8°C	None = 0	score =	x 20	
	Yes = 1			
<b>Anti-diarrhoeals</b>	None = 0	score =	x 30	
	Yes = 1			
<b>Abdominal mass</b>	None = 0	score =	x 10	
	Questionable = 2			
	Definite = 5			
<b>Haematocrit (Hct)</b>	Males (47 – Hct)	score =	x 6	
	Females (42 – Hct)	score =	x 6	
<b>Weight</b> (Maximum deduction of -10 for overweight patients)	Standard kg	kg	$100 \times \left(1 - \frac{\text{current}}{\text{standard}}\right)$	
	Current kg	kg		
<b>TOTAL CDAI SCORE</b>				<input type="text"/>

† <b>Abdominal pain</b>	None = 0
	Intermediate = 1 or 2
	Severe = 3
‡ <b>General well being</b>	Well = 0
	Intermediate = 1, 2 or 3
	Terrible = 4

### Prescriber's declaration

2 I declare that:

- the information provided on this form is correct.

Name of prescriber

Print full name in BLOCK LETTERS

Signature of prescriber

Date

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