

Mayo Endoscopic Scoring of Ulcerative Colitis¹

Patient name

Medicare number

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Partial Mayo Score = Stool Frequency + Rectal Bleeding + Physicians Global Assessment

Total Mayo Score = Stool Frequency + Rectal Bleeding + Physician's Global Assessment + Endoscopic Findings

Stool Frequency[†]

Circle one

| | |
|--|---|
| Normal number of stools for this patient | 0 |
| 1 to 2 stools more than normal | 1 |
| 3 to 4 stools more than normal | 2 |
| 5 or more stools more than normal | 3 |

Enter value in box

Rectal Bleeding[‡]

+

| | |
|--|---|
| No blood seen | 0 |
| Streaks of blood with stool less than half of the time | 1 |
| Obvious blood with stool most of the time | 2 |
| Blood alone passed | 3 |

Enter value in box

Physician's Global Assessment[§]

+

| | |
|------------------|---|
| Normal | 0 |
| Mild disease | 1 |
| Moderate disease | 2 |
| Severe disease | 3 |

Enter value in box

Endoscopic Findings

+

| | |
|---|---|
| Normal or inactive disease | 0 |
| Mild disease (erythema, decreased vascular pattern, mild friability) | 1 |
| Moderate disease (marked erythema, absent vascular pattern, friability, erosions) | 2 |
| Severe disease (spontaneous bleeding, ulceration) | 3 |

Enter value in box

Total Partial Mayo Score

Total Mayo Score

[†]Each patient serves as his or her own control to establish the degree of abnormality of the stool frequency. [‡]The daily bleeding score represents the most severe bleeding of the day. [§]The physician's global assessment acknowledges the 3 other criteria, as well as the patient's daily recall of abdominal discomfort, general sense of well-being and other observations such as physical findings and the patient's performance status.

Name of prescriber

Prescriber number

| | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Signature of prescriber

Date