

Follow-up

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Date of visit or last news | | | / | | | / | | | |

Endoscopy since Week 54 ☐ Yes ☐ No

If Yes, Date of last endoscopy | | | / | | | / | | | |

MAYO SCORE

Bowel movement frequency:

- ☐ 0 - Normal number of stools for this subject
- ☐ 1 - 1 to 2 stools/day more than normal for this subject
- ☐ 2 - 3 to 4 stools/day more than normal for this subject
- ☐ 3 - 5 stools/day or more than normal for this subject

Rectal bleeding:

- ☐ 0 - No visible blood
- ☐ 1 - Streaks of blood in less than 50% of stools
- ☐ 2 - Obvious blood with stools most of the time
- ☐ 3 - Blood in all stools

Physician Global Assessment:

- ☐ 0 - Normal
- ☐ 1 - Disease of minor intensity
- ☐ 2 - Disease of moderate intensity
- ☐ 3 - Severe disease

Rectosigmoidoscopy:

- ☐ 0 - Normal or inactive disease
- ☐ 1 - Mild disease
- ☐ 2 - Moderate disease
- ☐ 3 - Severe disease

TOTAL SCORE: | | | | |

PARTIAL SCORE: | | | | |

UCEIS	
Vascular pattern (score more severe lesions):	<input type="checkbox"/> Normal <input type="checkbox"/> Patchy obliteration <input type="checkbox"/> Obliterated
Bleeding (score more severe lesions):	<input type="checkbox"/> None <input type="checkbox"/> Mucosal <input type="checkbox"/> Luminal, mild <input type="checkbox"/> Luminal moderate or severe
Erosions and ulcers (score most severe lesions):	<input type="checkbox"/> None <input type="checkbox"/> Erosions <input type="checkbox"/> Superficial ulcer <input type="checkbox"/> Deep ulcer
UCEIS TOTAL SCORE:	

Is the patient still on golimumab? ☐ Yes ☐ No

If Yes, please complete the "golimumab" page

If Yes

Golimumab optimisation? ☐ Yes ☐ No

Current golimumab dosage? (ex. 100mg/2weeks)

Is the patient on immunosuppressor? ☐ Yes ☐ No

If Yes, please complete the "UC current medication form" in the UC medication folder

If No, is a new biotherapy has been introduce? ☐ Yes ☐ No

If Yes, please complete the "UC current medication form" in the UC medication folder

Was the patient hospitalized for UC since week 54 ? ☐ Yes ☐ No

Did the patient have colectomy since week 54 ? ☐ Yes ☐ No

If Yes, please fulfill the specific module for colectomy

Did the patient experience any other adverse event since week 54 ? ☐ Yes ☐ No

If Yes, please fulfill the specific module for AE and notify SAE if appropriate