**Healthy Control Baseline Visit**

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| **A.** | **Inclusion criteria:** *(Answer must be Yes to be eligible for participation)* |  |
| **PRISM & MLI:** | Is the subject 18 years or older?  | **[ ]** Yes **[ ]** No |
|  **PEDIATRIC:** | Is the subject 17 years or younger?  | **[ ]** Yes **[ ]** No |
|  |  |  |
|  | **Exclusion criteria: PRISM, PEDIATRIC COHORT & MLI**(*Answers must be NO to be eligible for participation)* |  |
|  | Is the subject unwilling or unable to provide biopsies, blood, or stool? | **[ ]** Yes **[ ]** No |
|  | Does the subject have a known bleeding disorder? | **[ ]** Yes **[ ]** No |
|  | Does the subject have an immune mediated disease? (*i.e. rheumatoid arthritis, lupus, T1DM)* | **[ ]** Yes **[ ]** No |
|  | Does the subject have an acute gastrointestinal illness? | **[ ]** Yes **[ ]** No |
|  | Has the subject taken antibiotics in the last 1 month? | **[ ]** Yes **[ ]** No |
|  | Is the subject being actively treated for a malignancy with chemotherapy? | **[ ]** Yes **[ ]** No |
|  | Is the subject pregnant?  | **[ ]** Yes **[ ]** No |
|  | Does the subject have an acute known gastrointestinal infection or IBD? | **[ ]** Yes **[ ]** No |

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| **B.** | **Informed Consent** |  |
|  | Signed copy of informed consent form given to subject: | **[ ]** Yes **[ ]** No  |

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|  | **Universal Subject Variables** |  |
|  |  Ethnicity: **[ ]** Not Hispanic or Latino | Race: **[ ]** American Indian / Alaska Native **[ ]** White |
|  |  **[ ]** Hispanic or Latino |  **[ ]** Asian **[ ]** More than one race |
|  |  **[ ]** Refused / Unknown |  **[ ]** Native Hawaiian / Pacific Islander **[ ]** Other |
|  |  |  **[ ]** Black / African American **[ ]** Refused |

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|  | Occupation: |  |  |  |  |
|  | **[ ]** Paid | **[ ]** Unpaid/volunteer | **[ ]** Retired | **[ ]** Disabled | **[ ]** Student |
|  | Highest level of education: |  |  |  |
|  | **[ ]** 7th grade or less | **[ ]** Some high school | **[ ]** High school/GED | **[ ]** Some college; no degree |
|  | **[ ]** Associate's degree | **[ ]** Bachelor's degree | **[ ]** Master's degree | **[ ]** Professional/doctoral deg. |

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| **C.** | **Subject Information**  |
|  |  Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ MRN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[ ]  EMORY (PEDIATRIC) [ ]  CINCINNATI (PEDIATRIC)** |
|  |  **[ ]  PRISM** |
|  |  **[ ]  MLI** |
|  | **Disease Information**  |

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|  | **Notes: Other Past Medical History:** |
|  | PRIOR SURGERIES ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **[ ]**  Appendectomy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **[ ]**  Tonsillectomy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **[ ]**  Colesectomy (gall bladder removal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **[ ]**  Prior abdominal surgery (other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **D.** | **Current Medications:**  |
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| **E.** | **Tobacco History** |
|  | Subject’s current **[ ]**  Never smoked |
|  | smoking status: **[ ]**  Former smoker Months since subject quit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  **[ ]**  Current smoker Years subject smoked: \_\_\_\_\_\_\_\_\_\_ Approx. cigarettes/day: \_\_\_\_\_\_\_\_\_\_ |
|  |  **[ ]**  UnknownAge when subject started smoking: \_\_\_\_\_\_\_\_\_\_ |

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| **F.** | **Study Visit**  |
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|  | Height (cm): \_\_\_\_\_\_\_\_\_\_\_  |
|  | Weight (kg):\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  | **G. Family History [ ]**  N/AMother **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Father **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  |  |
|  | Male sibling **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Male sibling **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Female sibling **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Female sibling **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  |  |
|  | Male child **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Male child **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Female child **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Female child **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  |  |
|  | Male grandparent **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Male grandparent **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Female grandparent **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Female grandparent **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  |  |
|  | Male distant relative **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Male distant relative **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Female distant relative **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Female distant relative **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |

|  |  |
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|  | **Family Members in Study [ ]**  N/A |
|  |  |
|  | Relationship of family member to **[ ]**  Mother **[ ]**  Sibling **[ ]**  Aunt / Uncle Subject  |
|  | study subject: **[ ]**  Father **[ ]**  Grandparent **[ ]**  Niece / Nephew number of relative: |
|  |  **[ ]**  Child **[ ]**  Grandchild **[ ]**  Distant relative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  | Relationship of family member to **[ ]**  Mother **[ ]**  Sibling **[ ]**  Aunt / Uncle Subject  |
|  | study subject: **[ ]**  Father **[ ]**  Grandparent **[ ]**  Niece / Nephew number of relative: |
|  |  **[ ]**  Child **[ ]**  Grandchild **[ ]**  Distant relative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Study Bloods**

Have study blood been drawn (DNA and serum)? **[ ]** Yes **[ ]** No

**Questionnaires**

Has the subject completed the Food Frequency Questionnaire (FFQ)? **[ ]** Yes **[ ]** No

Has the subject completed the Baseline Environmental Questionnaire? **[ ]** Yes **[ ]** No

**Has the next visit been scheduled for 6 months from now? [ ]** Yes **[ ]** No

**Stool Collection kits**

Has the subject been given 5 new stool kits? (if visit NOT completed on same day as screening) **[ ]** Yes **[ ]** No

**Notes:**