**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 | AsianMore than one race |
|  | Refused / Unknown | Native Hawaiian / Pacific IslanderOther |
|  |  | 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):\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
|  | **G. Family History**  N/A  Mother  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 |

|  |  |
| --- | --- |
|  | **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:**