**IBD Baseline Visit**: TO BE COMPLETED BY STUDY STAFF **ONLY**

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| **A.** | **Inclusion criteria** *(Answers must be Yes to be eligible for participation)* |  |
| **PRISM:** | Subject is 18 years of age or older. | **[ ]** Yes **[ ]** No |
|  | Subject has a confirmed diagnosis of IBD. | **[ ]** Yes **[ ]** No |
|  | Subject was diagnosed within the last 6 months. | **[ ]** Yes **[ ]** No  |
| **PEDIATRIC PEDIATRIC** | Subject is not on an anti-TNFα inhibitor.Subject is 17 years of age or younger. | **[ ]** Yes **[ ]** No**[ ]** Yes **[ ]** No |
| **COHORT:** | Subject has a confirmed diagnosis of IBD. | **[ ]** Yes **[ ]** No |
|  | Subject was diagnosed within the last 6 months. | **[ ]** Yes **[ ]** No  |
|  | Subject is not on an anti-TNFα inhibitor.Subject is 18 years of age or older.. | **[ ]** Yes **[ ]** No**[ ]** Yes **[ ]** No |
| **MLI:** | Subject has a confirmed diagnosis of IBD. | **[ ]** Yes **[ ]** No |
|  | Subject has had IBD for 5 years or more  | **[ ]** Yes **[ ]** No  |
|  | **Exclusion criteria: PRISM, PEDIATRIC COHORT, & MLI** *(Answers must be NO to be eligible for participation)* |  |
|  | Subject is unwilling or unable to provide screening biopsies, blood, or stool. | **[ ]** Yes **[ ]** No |
|  | Subject is pregnant.  | **[ ]** Yes **[ ]** No |
|  | Subject has a known bleeding disorder. | **[ ]** Yes **[ ]** No |
|  | Subject has taken antibiotics in the last 1 month. | **[ ]** Yes **[ ]** No |
|  | Subject is being actively treated for a malignancy with chemotherapy. | **[ ]** Yes **[ ]** No |
|  | Subject has an acute gastrointestinal infection. | **[ ]** Yes **[ ]** No |
|  | Subject has been diagnosed with indeterminate colitis. | **[ ]** Yes **[ ]** No |
|  | Subject has a stoma or pouch. | **[ ]** Yes **[ ]** No |

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| **B.** | **Informed Consent** |  |
|  | Was a signed copy of informed consent form give to patient: | **[ ]** 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.** | **Patient Information**  |
|  | MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Site: **[ ]**  PRISM  |
|  |  **[ ]**  EMORY (PEDIATRIC) **[ ]**  CINCINNATI (PEDIATRIC)  |
|  |  **[ ]**  MLI  |

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| **D.** | **Disease Information**  |
|  | Diagnosis (circle one): CD / UC Date of Diagnosis: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ Age at diagnosis: \_\_\_\_\_\_\_\_ |
|  | **Has the subject ever been told by a physician that they have any other immune mediated diseases?****[ ]**  none **[ ]**  other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **[ ]** Alopecia areata **[ ]** Cancer - prostate **[ ]** Pemphigus vulgaris |
|  | **[ ]** Ankylosing spondylitis **[ ]** Celiac sprue **[ ]** Pernicious anemia |
|  | **[ ]** Arthritis (uncertain diagnosis) **[ ]** Chronic bronchitis **[ ]** Polymyositis / dermatomyosis |
|  | **[ ]** Asthma **[ ]** Dermatitis herpetiformis **[ ]** Primary biliary cirrhosis |
|  | **[ ]** Autoimmune hemolytic anemia **[ ]** Familial Mediterranean fever **[ ]** PSC  |
|  | **[ ]** Autoimmune hepatitis **[ ]** Grave’s disease **[ ]** Psoriasis |
|  | **[ ]** Bechet’s syndrome **[ ]** Guillian-Barre Syndrome **[ ]** Rheumatoid arthritis  |
|  | **[ ]** Cancer - breast **[ ]** Hashimoto’s thyroditis **[ ]** Sarcoidosis |
|  | **[ ]** Cancer - cholangiocarcinoma **[ ]** Idiopathic pulmonary fibrosis **[ ]** Scleroderma  |
|  | **[ ]**  Cancer - colon or rectum **[ ]** Idiopathic thrombocytopenia purpura **[ ]** Sjogren’s syndrome |
|  | **[ ]** Cancer - Hodgkin’s lymphoma **[ ]** IBS **[ ]** Systemic lupus |
|  | **[ ]** Cancer - lymphoma **[ ]** Myocarditis **[ ]** Type I diabetes**[ ]** Cancer - Non-Hodgkin’s lymphoma **[ ]** Neuropathy **[ ]** Vitiligo |

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| **E.** | **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 |
|  | Male sibling **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Female 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 |
|  | Male child **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Female 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 |
|  | Male grandparent **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Female grandparent **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Female grandparent **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
|  | Female grandparent **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |
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|  | Male distant relative **[ ]**  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 |
|  | Female distant relative **[ ]**  CD **[ ]**  UC **[ ]**  IC **[ ]**  Unknown / Undiagnosed |

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|  | **Notes:** Please get as much information as possible on the following items. Then reference the medical record for additional information as needed.  |
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| **F.** | ALL prior GI related **surgeries**, starting with the most recent: |
|  | Date of surgery #1: \_\_\_/\_\_\_\_/\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date of surgery #2: \_\_\_/\_\_\_\_/\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date of surgery #3: \_\_\_/\_\_\_\_/\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date of surgery #4: \_\_\_/\_\_\_\_/\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date of surgery #5: \_\_\_/\_\_\_\_/\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date of surgery #6: \_\_\_/\_\_\_\_/\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date of surgery #7: \_\_\_/\_\_\_\_/\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  | MOST RECENT upper/lower **endoscopies**: |
|  | Date of most recent upper endoscopy: \_\_\_/\_\_\_\_/\_\_\_\_\_\_ Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date of most recent lower endoscopy: \_\_\_/\_\_\_\_/\_\_\_\_\_\_ Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Has IBD been confirmed by histopathology? Yes/no/unknown |
|  |  |
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|  | MOST RECENT **radiology** procedures: *Include date and findings for CT, MRI, barium enema, UGIS and /or SBFT, ultrasound, and plain film* |
|  | Procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Class** | **Medication** | **Current** | **Previous** | **Reason discontinued:****1= Not effective; 2=Side effects; 3=Other** | **Notes** |
| **Anti-diarrheals** | Lomotil | [ ]  | --- | --- |  |
| Imodium | [ ]  | --- | --- |  |
| DTO | [ ]  | --- | --- |  |
| **5-ASAs** | Asacol (mesalamine) | [ ]  | [ ]  |  |  |
| Pentasa (mesalamine) | [ ]  | [ ]  |  |  |
| Lialda (mesalamine) | [ ]  | [ ]  |  |  |
| Colazal (balasalizide) | [ ]  | [ ]  |  |  |
| Apriso |  |  |  |  |
| Sulfasalazine (Azulfidine) | [ ]  | [ ]  |  |  |
| Dipentum (olsalazine) | [ ]  | [ ]  |  |  |
| Rowasa enemas (mesalamine enemas) | [ ]  | [ ]  |  |  |
| Canasa suppositories (mesalamine suppositories) | [ ]  | [ ]  |  |  |
| **Antibiotics**Include antibiotics taken within 6 months of screening | Flagyl (Metronidazole) | [ ]  | [ ]  |  |  |
| Cipro (Ciprofloxin) | [ ]  | [ ]  |  |  |
| Xifaxin (rifaxamin) | [ ]  | [ ]  |  |  |
| **Other**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  |  |  |
| **Corticosteroids**A= taken within the past yearB= taken more than 1 year ago | Prednisone | [ ]  | A / B |  | Highest dose taken (mg): \_\_\_\_\_\_\_\_\_ |
| Entocort (Budesonide)  | [ ]  | A / B |  | Highest dose taken (mg): \_\_\_\_\_\_\_\_\_ |
| SoluMedrol (Medrol) | [ ]  | A / B |  |  |
| IV steroids | [ ]  | A / B |  |  |
| Cortenemas, Cortifoam, Proctofoam | [ ]  | A / B |  |  |
| **Immunomodulators** | Azathioprine (Imuran, Azasan) | [ ]  | [ ]  |  |  |
| Methotrexate | [ ]  | [ ]  |  |  |
| Mercaptopurine (Purinethol, 6MP) | [ ]  | [ ]  |  |  |
| **Probiotics** | VSL #3 | [ ]  | [ ]  |  |  |
| FOS | [ ]  | [ ]  |  |  |
| **Biologic treatments** | Remicade (Infliximab) | [ ]  | [ ]  |  | Duration of use (months): \_\_\_\_\_\_\_\_\_ |
| Humira (Adalimumab) | [ ]  | [ ]  |  | Duration of use (months): \_\_\_\_\_\_\_\_\_ |
| Cimzia (Certlizumab) | [ ]  | [ ]  |  | Duration of use (months): \_\_\_\_\_\_\_\_\_ |
| Tysabri (Natalizumab) | [ ]  | [ ]  |  | Duration of use (months): \_\_\_\_\_\_\_\_\_ |
| **Other:** **Include all current** **non-IBD meds!** (e.g., Birth control pill, Claritin, Celebrex etc.) | PhosChol | [ ]  | [ ]  |  |  |
| Cyclosporin | [ ]  | [ ]  |  |  |
| Tacrolimus | [ ]  | [ ]  |  |  |
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| **H.** | **Tobacco History**  |
|  | Patient’s current **[ ]**  Never smoked  |
|  | smoking status: **[ ]**  Former smoker Months since patient quit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  **[ ]**  Current smoker Years patient smoked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approx. cigarettes/day: \_\_\_\_\_\_\_\_ |
|  |  **[ ]**  Unknown Age when patient started smoking: \_\_\_\_\_\_\_\_ |

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| **I.** | **Height/Weight J. Blood Collection**  |
|  |  Has study blood been drawn? (DNA & serum)? **[ ]** Yes **[ ]**  No |
|  | Height (cm): \_\_\_\_\_\_\_\_\_ Date of collection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_:\_\_\_\_\_\_  |
|  | Weight (kg): \_\_\_\_\_\_\_\_\_\_  |
|  |  **Laboratory values:** *(Record values within +/- 2 weeks)* |
|  | Were study questionnaires No lab data available: **[ ]**  |
|  | Completed? **[ ]** Yes **[ ]** NoPatient reported Ssx Date of laboratory sample collection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  **[ ]** Yes **[ ]** NoSIBDQ  |
|  |  **[ ]** Yes **[ ]** NoFFQ CRP (mg/L): \_\_\_\_\_\_\_\_\_\_\_ |
|  |  **[ ]** Yes **[ ]** NoEnvironmental ESR (mm/hr): \_\_\_\_\_\_ |

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| **K. Montreal Classification**Classification verified by (investigator’s name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Crohn’s Disease: [ ]** N/A |
|  |
| **Age at diagnosis:** **[ ]**  <16 years old (A1) **Location prior:** **[ ]**  TI (L1) **Behavior: [ ]**  Inflammatory (B1)  |
|  **[ ]**  17 to 40 years (A2) **to surgery: [ ]**  Colon (L2) **[ ]**  Stricturing (B2)  |
|  **[ ]**  >40 years (A3) **[ ]**  Ileocolon (L3) **[ ]**  Penetrating (B3)  |
|  **[ ]**  Upper GI (L4) **[ ]**  Inflammatory, perianal (B1p) |
|  **[ ]**  TI & UGI (L1+L4) **[ ]**  Stricturing, perianal (B2p) |
|  **[ ]**  Colon & UGI (L2+L4) **[ ]**  Penetrating, perianal (B3p) **[ ]** Ileocolon & UGI (L3 +L4) |
|  |
| **Ulcerative Colitis: [ ]** N/A  **Extent:** **[ ]**  Proctitis (E1) |
|  **[ ]**  Left-sided (E2) |
|  **[ ]**  Pancolitis (E3) |
| **\*\*\*If Crohn’s behavior is both penetrating and stricturing, select penetrating (B3).** |

Has the next visit been scheduled for 3 months from today? **[ ]** Yes **[ ]** No

Has the subject been given 6 new stool collection kits to take home? **[ ]** Yes **[ ]** No

*Note****:*** *If the screening and baseline visits have occurred on different days, subjects should have already been given stool collection kit 1 (C1). Please only give them kits C2-C6 today. If these visits are occurring on the same day (today), please give subjects kits C1-C6.*

**Notes:**