**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 | 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.** | **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 anemiaFamilial Mediterranean feverPSC |
|  | Autoimmune hepatitis Grave’s diseasePsoriasis |
|  | 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 lymphomaIBSSystemic lupus |
|  | Cancer - lymphomaMyocarditisType I diabetes  Cancer - Non-Hodgkin’s lymphoma NeuropathyVitiligo |

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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 |
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|  | 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 |
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|  | 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 year  B= 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 |
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| **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:**