**Follow Up Visits** (Non-IBD controls and IBD subjects)

*IBD subjects will have follow-up visits at months 3, 6, 9, and 12. Controls will have follow-up visits at months 6 & 12*

 **Month: (circle one)** 3 6 9 12 other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Diagnosis (circle one):** **[ ]** Crohn’s disease **[ ]** ulcerative colitis **[ ]** non-IBD control

 For UC and CD, has the disease classification changed since baseline? ***If no, skip to “Disease information”*.**

If classification has changed, what is the new classification: (only complete if it has changed since baseline)

|  |
| --- |
| If Crohn’s disease: |
|  |
| Location prior **[ ]**  TI (L1) Behavior **[ ]**  Inflammatory (B1)  |
|  to surgery **[ ]**  Colon (L2) **[ ]**  Stricturing (B2)  |
|  **[ ]**  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) |
|  |
| If Ulcerative colitis:  |
|  |
| Extent **[ ]**  Proctitis (E1) |
|  **[ ]**  Left-sided (E2) |
|  **[ ]**  Pancolitis (E3) |

 **Disease information (if CD or UC):**

|  |
| --- |
| Has the subject experienced a flare since the last study visit? **[ ]** Yes **[ ]** No Number of times: \_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Has the subject had any changes in IBD medications since the last visit (including dosing changes) **[ ]** Yes **[ ]** No  |

**Additional information (all subjects):**

|  |
| --- |
| Has the subject had colonoscopy **[ ]** Yes ----🡪 Date and path results : \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ |
| since the last study visit? **[ ]** No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SES-CD or Baron score (IBD Only): \_\_\_\_\_\_\_\_  |
|  |
| Has the subject been hospitalized **[ ]** Yes Number of times: \_\_\_\_\_\_\_\_\_\_\_\_ |
| for any reason since the last study visit? **[ ]** No |
|  |
| Has the subject had any acute diarrheal **[ ]** Yes If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_ |
| illness since the last study visit? **[ ]** No |
| Has the subject used any antibiotics since the last visit? **[ ]** Yes **[ ]** No |

**Current medications:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Additional chronic medications since last visit:**

e.g. acid reducing medications (Omeprazole, Protonix, Esomeprazole, others), bile production modifiers (Cholesytramine, colestipol, colesevelam, others), etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Has the subject been told by a physician that they have any other immune mediated diseases since the last visit?**

|  |
| --- |
| **[ ]** None |
|  |
| **[ ]** 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 - liver  **[ ]** Multiple sclerosis  **[ ]** Temporal arteritis |
| **[ ]** Cancer - lung  **[ ]** Myasthenia gravis **[ ]** Thyroid disease (not cancer) |
| **[ ]** Cancer - lymphoma **[ ]** Myocarditis **[ ]** Type I diabetes |
| **[ ]** Cancer - Non-Hodgkin’s lymphoma **[ ]** Neuropathy **[ ]** Vitiligo |
| **[ ]** Cancer - ovarian **[ ]** Pericarditis **[ ]** Wegener’s granulomatosis |
| **[ ]** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Blood Collection**

Have study bloods been drawn (DNA & serum)? **[ ]** Yes **[ ]** No

Date collected: Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Time collected: \_\_\_\_\_\_\_:\_\_\_\_\_\_\_\_ (am/pm)

**Clinical** **lab Values:** IBD subjects only **[ ]** NA

Collect within +/- 2 weeks of today’s date

Last CRP: \_\_\_\_\_\_\_\_ (mg/L) Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Last ESR: \_\_\_\_\_\_\_\_\_ (mm/hr) Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

**Questionnaires**

For subjects with CD, has the HBI been completed? **[ ]** Yes **[ ]** No

For subjects with UC, has the SCCAI been completed? **[ ]** Yes **[ ]** No

**Has the next follow-up visit been scheduled? [ ]** Yes **[ ]** No

Should be 3 months from now for IBD subjects and 6 months from now for controls

**Stool Collection Kits**

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

**Notes:**