

Enroll

Patient Information-Section 1 (Page 1 of 10)

[enroll101]

Site ID [SiteIdentifier]

Subject ID [SubjectIdentifier]

1. Date of assessment [e_assessdt]

/ / 

(mm/dd/yyyy)

2. Patient birthdate: [birthdt]

/ / 

(mm/dd/yyyy)

3. Gender (select one) [e_gender]

- ☐ Male [1]
☐ Female [2]

4. Racial category (select one) [e_race]

- ☐ American Indian / Alaska Native [1]
☐ Asian [2]
☐ Native Hawaiian or other Pacific Islander [3]
☐ Black or African American [4]
☐ White [5]
☐ More than one race [6]
☐ Other [7]
☐ Don't know [8]

If Other, specify: [e_racespec]

5. Ethnic category (select one) [e_ethnicity]

- ☐ Hispanic or Latino [1] ☐ Jewish [2]
☐ None of the above [3] ☐ Don't know [4]

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Patient Information-Section 2 (Page 2 of 10)

[enroll102]

Site ID [SiteIdentifier]
Subject ID [SubjectIdentifier]
6. Patient's health insurance [e_insurance] <input type="radio"/> Medicaid only [1] <input type="radio"/> Commercial only [2] <input type="radio"/> Medicaid plus commercial [3] <input type="radio"/> None [4] <input type="radio"/> Don't know [5]
7a. Month of diagnosis (please enter the 2-digit month) [e_diagnmth] <input type="text"/>
7b. Year of diagnosis (please enter the 4-digit year) [e_diagyear] <input type="text"/>
8. Patient's Diagnosis [e_diagnosis] <input type="radio"/> Crohn's disease [1] <input type="radio"/> UC [2] <input type="radio"/> Indeterminate Colitis [3]
9. Extent of disease (check all that apply) <input type="checkbox"/> Mouth [e_dismouth] <input type="checkbox"/> Esophagus [e_disesoph] <input type="checkbox"/> Stomach [e_disstom] <input type="checkbox"/> Duodenum [e_disduodenum] <input type="checkbox"/> Jejunum [e_disjejunum] <input type="checkbox"/> Ileum [e_disileum] <input type="checkbox"/> Right colon [e_disrtcoln] <input type="checkbox"/> Transverse colon [e_distranscol] <input type="checkbox"/> Left colon [e_disltcoln] <input type="checkbox"/> Rectum [e_disrectum] <input type="checkbox"/> Perianal [e_disperianal] <input type="checkbox"/> Extra-intestinal (e.g. pancreas, liver) [e_disexintest]

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Tests (Page 3 of 10)

[enroll03]

Site ID [SiteIdentifier]

Subject ID [SubjectIdentifier]

10. Tests performed (check all that apply)

- ☐ Complete Blood Count (CBC) [e_tstbldcount]
- ☐ Erythrocyte Sedimentation Rate (ESR) [e_tstesr]
- ☐ C-Reactive Protein (CRP) [e_tstcrp]
- ☐ Liver function tests [e_tstliver]
- ☐ Stool tests for pathogens [e_tststool]
- ☐ Upper GI small bowel series X-ray [e_tstgi]
- ☐ CT scan of abdomen with oral contrast [e_tstctscan]
- ☐ MRI small bowel series [e_tstmri]
- ☐ Capsule videoendoscopy of small bowel [e_tstcapsule]
- ☐ EGD with biopsy [e_tstegdbiop]
- ☐ EGD without biopsy [e_tstegdnobiop]
- ☐ Colonoscopy with biopsy [e_tstcolonbiop]
- ☐ Colonoscopy without biopsy [e_tstcolonobiop]
- ☐ IBD Serology [e_tstibdser]
- ☐ TPMT [e_tsttpmt]
- ☐ Ophthalmological exam [e_tstophthal]
- ☐ DEXA bonescan for mineralization [e_tstdexa]
- ☐ Skin test for Tuberculosis [e_tsttuber]
- ☐ Chest X-ray [e_tstchest]
- ☐ None of the above [e_tstnone]

11. Patient has been treated for IBD with: [e_ibdtreated]

- ☐ Surgery [1]
- ☐ Tube feedings [2]
- ☐ Neither [3]

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Patient History (Page 4 of 10)

[enroll04]

Site ID [SiteIdentifier]
Subject ID [SubjectIdentifier]
12. General well-being (select one) [e_wellbeing] <input type="radio"/> Very Well [1] <input type="radio"/> Slightly below par [2] <input type="radio"/> Poor [3] <input type="radio"/> Very Poor [4] <input type="radio"/> Terrible [5] <input type="radio"/> Don't Know [6]
13. Abdominal pain (select one) [e_abdpain] <input type="radio"/> None [1] <input type="radio"/> Mild [2] <input type="radio"/> Moderate [3] <input type="radio"/> Severe [4] <input type="radio"/> Don't know [5]
Stools
14. Total (average number per day) [e_totstool] <input type="text"/>
15. Most stools are: [e_moststool] <input type="radio"/> Formed [1] <input type="radio"/> Partially formed [2] <input type="radio"/> Liquid [3]
16. Liquid (average number per day) [e_liquidstool] <input type="text"/> (enter 0 if none)
17. Bloody (average number per day) [e_bloodstool] <input type="text"/> (enter 0 if none)
18. If blood is present, the typical amount is: [e_bldpres] <input type="radio"/> Small [1] <input type="radio"/> Large [2]
19. Nocturnal diarrhea (select one) [e_nocdia] <input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [2]

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Physical Exam (Page 5 of 10)

[enroll05]

Site ID [SiteIdentifier]

Subject ID [SubjectIdentifier]

20. Patient Global Assessment [e_glob]

(1-10)

21. Is the patient's activity limited? [e_actlim]

- ☐ No [1]
- ☐ Occasional [2]
- ☐ Severe [3]

22. Weight (select one) [e_weight]

- ☐ Normal [1]
- ☐ Greater than 10% loss [3]
- ☐ Mild subpar [2]
- ☐ Don't know [4]

23. Abdomen (select one) [e_abdomen]

- ☐ Mass [1]
- ☐ Both [3]
- ☐ Don't know [5]
- ☐ Tender [2]
- ☐ Neither [4]

24. Abdominal mass (select one) [e_abdmass]

- ☐ None [1]
- ☐ Definite [3]
- ☐ Don't know [5]
- ☐ Dubious [2]
- ☐ Definite and tender [4]

25. Perirectal disease (check all that apply)

- ☐ None or asymptomatic tags [e_perinone]
- ☐ Anal fissure [e_perianal]
- ☐ Indolent fistula [e_periindol]
- ☐ Active fistula [e_periactive]
- ☐ Don't know [e_peridk]

26. Other (check all that apply)

- ☐ Fever 38.5 C for 3 of last 7 days [e_othfever]
- ☐ Oral aphthae [e_othoral]
- ☐ Arthralgia or arthritis [e_otharth]
- ☐ Uveitis [e_othuveitis]
- ☐ Abscess (at any site) [e_othabscess]
- ☐ Erythema nodosum [e_otheryth]
- ☐ Pyoderma gangrenosum [e_othpyo]
- ☐ Stricture [e_othstrict]
- ☐ None of the above [e_othnone]
- ☐ Another chronic illness or condition [e_othchron]

If another chronic illness or condition, specify: [e_othspec]

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Enroll

Current Medications (Page 6 of 10)

[enroll06]

Site ID [SiteIdentifier]

Subject ID [SubjectIdentifier]

For 27-36, check all current medications:

☐ 27. Azulfidine (sulfasalazine) [e_azul]

Dose [e_azuldose]

mg/day

(to the nearest tenth)

☐ 28. Pentasa (mesalamine) [e_pent]

Dose [e_pentdose]

mg/day

(to the nearest tenth)

☐ 29. Asacol (mesalamine) [e_asacol]

Dose [e_asadose]

mg/day

(to the nearest tenth)

☐ 30. Colazal (balsalazide) [eCola]

Dose [e_coladose]

mg/day

(to the nearest tenth)

☐ 31. Prednisone [e_pred]

Dose [e_preddose]

mg

(to the nearest tenth)

Frequency [e_predfreq]

☐ QD, total daily dose [1]

☐ QOD [2]

☐ Other [3]

If Other Frequency, please specify: [e_predfreqothsp]

☐ 32. Budesonide [e_bude]

Dose [e_budedose]

mg/day

(to the nearest tenth)

☐ 33. Infliximab [e_inflix]

Dose [e_inflixdose]

_____ mg
(to the nearest tenth)

☐ 34. Methotrexate [e_meth]

Dose [e_methdose]

_____ mg/day
(to the nearest tenth)

Route (select one) [e_methroute]

- ☐ Subcutaneous [1]
☐ PO [2]

35. 6MP or AZA (select one) [e_6mpaza]

- ☐ 6-mercaptopurine (6MP) [1]
☐ Azathioprine (AZA) [2]

Dose [e_6mpazadose]

_____ mg/day
(to the nearest tenth)

36. Other Medications (check all that apply)

- ☐ Acid suppression medication [e_medacid]
☐ Calcium supplement [e_medcalc]
☐ Ciprofloxacin or other antibiotic except Flagyl [e_medciprol]
☐ Cyclosporine or tacrolimus [e_medcyclo]
☐ Flagyl (metronidazole) [e_medflag]
☐ Formula supplement (elemental or polymeric) [e_medsupp]
☐ Hydrocortisone per rectum [e_medhydro]
☐ Iron supplement [e_mediron]
☐ Multiple mineral supplement [e_medmineral]
☐ Multiple vitamin supplement [e_medvit]
☐ Rowasa or Canasa (mesalamine) per rectum [e_medrowa]
☐ Tube feeding [e_medtube]
☐ Vitamin D supplement [e_medvitd]
☐ Zinc supplement [e_medzinc]
☐ Probiotic [e_medprol]
☐ Other IBD medications [e_medoth]

If other IBD medications, specify: [e_medothsp]

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Enroll

Measurements-Section 1 (Page 7 of 10)

[enroll107]

Site ID [SiteIdentifier]
Subject ID [SubjectIdentifier]
37. Weight [e_wt] (to the nearest tenth) Units [e_wtunit] <input type="radio"/> kg [1] <input type="radio"/> lbs [2]
38. Height [e_ht] (to the nearest tenth) Units [e_htunit] <input type="radio"/> cm [1] <input type="radio"/> in [2]
39. Parameters plotted on growth chart (check all that apply) <input type="checkbox"/> Height [e_paramht] <input type="checkbox"/> Weight [e_paramwt] <input type="checkbox"/> BMI [e_parambmi] <input type="checkbox"/> None of the above [e_paramnone]
40. Recent Past Height from at least 6 months prior to today's visit (answer to the nearest tenth) [e_prevht] (to the nearest tenth) Units [e_prevhtunit] <input type="radio"/> cm [1] <input type="radio"/> in [2]
41. Date the height was measured (must be at least 6 months prior to today's visit) [e_prevhtdt] <div><input type="text"/> / <input type="text"/> / <input type="text"/> </div> (mm/dd/yyyy)
42. Since the patient became ill with IBD, has the patient's growth decreased? (select one) [e_htdec] <input type="radio"/> Not at all or by <1 major channel percentile [1] <input type="radio"/> By one major channel percentile (e.g., from 50th percentile to 25th percentile) [2] <input type="radio"/> By >1 major channel percentile (e.g., from 50th percentile to 10th percentile) [3] <input type="radio"/> Don't know [4]
43. Mother's height [e_mothht] Units [e_mothhtunit]

☐ cm [1]

☐ in [2]

44. Father's height [e_fathhht]

Units [e_fathhhtunit]

☐ cm [1]

☐ in [2]

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Measurements-Section 2 (Page 8 of 10)

[enroll08]

Site ID [SiteIdentifier]

Subject ID [SubjectIdentifier]

Nutritional Status

45. Was the patient's Nutritional Status classified? [e_nutrstatclas]

- ☐ Yes [1]
- ☐ No [0]
- ☐ Don't know [2]

46. If the patient's Nutritional Status was classified, please indicate Nutritional Status: [e_nutrstat]

- ☐ Satisfactory [1]
- ☐ At risk [2]
- ☐ In failure [3]

47. If the Nutritional Status was not Satisfactory, is there a plan for: [e_nutrnotsatis]

- ☐ Evaluation [1]
- ☐ Both [3]
- ☐ Don't know [5]
- ☐ Treatment [2]
- ☐ Neither [4]

48. If the Nutritional Status was not Satisfactory, has a nutritional plan been initiated for: [e_nutrplan]

- ☐ Evaluation [1]
- ☐ Both [3]
- ☐ Don't know [5]
- ☐ Treatment [2]
- ☐ Neither [4]

Growth Status

49. Was the patient's Growth Status classified? [e_grwstatclas]

- ☐ Yes [1]
- ☐ No [0]
- ☐ Don't know [2]

50. If the patient's Growth Status was classified, please indicate Growth Status: [e_grwstat]

- ☐ Satisfactory [1]
- ☐ At risk [2]
- ☐ In failure [3]

51. If the Growth Status was not Satisfactory, is there a plan for: [e_grwnotsatis]

- ☐ Evaluation [1]
- ☐ Both [3]
- ☐ Don't know [5]
- ☐ Treatment [2]
- ☐ Neither [4]

52. If the Growth Status was not Satisfactory, has a growth plan been initiated for: [e_grwplan]

- ☐ Evaluation [1]
- ☐ Both [3]
- ☐ Don't know [5]
- ☐ Treatment [2]
- ☐ Neither [4]

53. Tanner stage (select one) [e_tanstage]

- ☐ 1 [1]
- ☐ 3 [3]
- ☐ 5 [5]
- ☐ 2 [2]
- ☐ 4 [4]
- ☐ Don't know [6]

54. If you assessed Tanner stage which of the following did you assess? (check all that apply)

- ☐ Breasts [e_tanbreast]
- ☐ Pubic hair [e_tanpubic]
- ☐ Testicular volume [e_tantesticular]

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Enroll

Laboratory Evaluations (Page 9 of 10)

[enroll09]

Site ID [SiteIdentifier]
Subject ID [SubjectIdentifier]
For 55-61, enter date of blood sample. [e_lbdtd] <div><div></div> / <div></div> / <div></div> </div> (mm/dd/yyyy)
55. Hematocrit [e_hem] <div></div> (to the nearest tenth) Enter Hematocrit Date if different from above date. [e_hemdt] <div><div></div> / <div></div> / <div></div> </div> (mm/dd/yyyy)
56. Erythrocyte Sedimentation Rate (ESR) [e_esr] <div></div> Enter ESR Date if different from above date. [e_esrtdt] <div><div></div> / <div></div> / <div></div> </div> (mm/dd/yyyy)
57. C-Reactive Protein (CRP) [e_crp] <div></div> (to the nearest tenth) Enter CRP Date if different from above date. [e_crptdt] <div><div></div> / <div></div> / <div></div> </div> (mm/dd/yyyy)
58. White Blood Cell Count (WBC) [e_wbc] <div></div> (to the nearest tenth) Enter WBC Date if different from above date. [e_wbcdtdt] <div><div></div> / <div></div> / <div></div> </div> (mm/dd/yyyy)
59. Albumin [e_alb] <div></div> (to the nearest tenth) Enter Albumin Date if different from above date. [e_albdt] <div><div></div> / <div></div> / <div></div> </div> (mm/dd/yyyy)
60. Alanine Amino Transferase (ALT) [e_alt] <div></div>

Enter ALT Date if different from above date. [e_altdt]

/ / 
(mm/dd/yyyy)

61. 6MP metabolites (If below level of detection, enter "00")

6-TGN [e_6tgn]

6-MMPN [e_6mmpn]

Enter 6-TGN/6-MMPN Date if different from above date. [e_6tgnmmpndt]

/ / 
(mm/dd/yyyy)

62. TPMT genotype (select one) [e_tpmtgen]

- | | |
|--|--|
| <input type="radio"/> Normal [1] | <input type="radio"/> Heterozygous [2] |
| <input type="radio"/> Homozygous recessive [3] | <input type="radio"/> Not done [4] |

63. TPMT phenotype (enzyme activity) (select one) [e_tpmtphen]

- | | |
|----------------------------------|--|
| <input type="radio"/> Normal [1] | <input type="radio"/> Intermediate [2] |
| <input type="radio"/> Low [3] | <input type="radio"/> Not done [4] |

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Physician's Assessments (Page 10 of 10)

[enroll110]

Site ID [SiteIdentifier]

Subject ID [SubjectIdentifier]

64. Physician's Global Assessment of current disease status (select one) [e_pga]

- ☐ Inactive [1] ☐ Mild [2]
☐ Moderate [3] ☐ Severe [4]

65. Clinical course for the last 6-12 months (select one) [e_clincourse]

- ☐ Patient followed for <6 months [1]
☐ Quiescent (continuously asymptomatic) [2]
☐ Mild symptoms (never requiring steroids) [3]
☐ Exacerbations but remissions [4]
☐ Chronically active, moderate or severe [5]

66. For patients with Crohn's Disease ONLY, please indicate phenotype (select one):

[e_phenotype]

- ☐ inflammatory, non-penetrating, non-obstructive (with or without perianal fistula) [1]
☐ penetrating (abscess or fistula other than a perianal fistula; with or without a perianal fistula) [2]
☐ obstructive (with or without perianal fistula) [3]

Provider First Initial [e_providerf]

Provider Last Name [e_providerl]

Type of Provider [e_providertyp]

- ☐ Physician [1]
☐ Nurse Practitioner [2]
☐ Other [3]

67. Data Entered By: [e_enterid]

Additional Information: [e_additinfo]

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Subsequent

Patient Information-Section 1 (Page 1 of 9)

[sub01]

Site ID [SiteIdentifier]
Subject ID [SubjectIdentifier]
Workflow ID [WorkflowIdentifier]
1. Date of assessment [s_assessdt] <input type="text"/> / <input type="text"/> / <input type="text"/>  (mm/dd/yyyy)
2. Patient birthdate [birthdt] Pending

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Subsequent

Patient History (Page 2 of 9)

[sub02]

Site ID [SiteIdentifier]

Subject ID [SubjectIdentifier]

Workflow ID [WorkflowIdentifier]

3. General well-being (select one) [s_wellbeing]

- | | |
|-------------------------------------|--|
| <input type="radio"/> Very Well [1] | <input type="radio"/> Slightly below par [2] |
| <input type="radio"/> Poor [3] | <input type="radio"/> Very Poor [4] |
| <input type="radio"/> Terrible [5] | <input type="radio"/> Don't Know [6] |

4. Abdominal pain (select one) [s_abdpain]

- | | |
|--------------------------------------|----------------------------------|
| <input type="radio"/> None [1] | <input type="radio"/> Mild [2] |
| <input type="radio"/> Moderate [3] | <input type="radio"/> Severe [4] |
| <input type="radio"/> Don't know [5] | |

Stools

5. Total (average number per day) [s_totstool]

6. Most stools are: [s_moststool]

- ☐ Formed [1]
☐ Partially formed [2]
☐ Liquid [3]

7. Liquid (average number per day) [s_liquidstool]

 (enter 0 if none)

8. Bloody (average number per day) [s_bloodstool]

 (enter 0 if none)

9. If blood is present, the typical amount is: [s_bldpres]

- ☐ Small [1]
☐ Large [2]

10. Nocturnal diarrhea (select one) [s_nocdia]

- ☐ Yes [1]
☐ No [0]
☐ Don't know [2]

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Physical Exam (Page 3 of 9)

[sub03]

Site ID [SiteIdentifier]

Subject ID [SubjectIdentifier]

Workflow ID [WorkflowIdentifier]

11. Patient Global Assessment [s_glob]

(1-10)

12. Is the patient's activity limited? [s_actlim]

- ☐ No [1]
- ☐ Occasional [2]
- ☐ Severe [3]

13. Weight (select one) [s_weight]

- ☐ Normal [1]
- ☐ Greater than 10% loss [3]
- ☐ Mild subpar [2]
- ☐ Don't know [4]

14. Abdomen (select one) [s_abdomen]

- ☐ Mass [1]
- ☐ Both [3]
- ☐ Don't know [5]
- ☐ Tender [2]
- ☐ Neither [4]

15. Abdominal mass (select one) [s_abdmass]

- ☐ None [1]
- ☐ Definite [3]
- ☐ Don't know [5]
- ☐ Dubious [2]
- ☐ Definite and tender [4]

16. Perirectal disease (check all that apply)

- ☐ None or asymptomatic tags [s_perinone]
- ☐ Anal fissure [s_perianal]
- ☐ Indolent fistula [s_periindo]
- ☐ Active fistula [s_periactive]
- ☐ Don't know [s_peridk]

17. Other (check all that apply)

- ☐ Fever 38.5 degrees C for 3 of last 7 days [s_othfever]
- ☐ Oral aphthae [s_othoral]
- ☐ Arthralgia or arthritis [s_otharth]
- ☐ Uveitis [s_othuveitis]
- ☐ Abscess (at any site) [s_othabscess]
- ☐ Erythema nodosum [s_otheryth]
- ☐ Pyoderma gangrenosum [s_othpyo]
- ☐ Stricture [s_othstrict]
- ☐ None of the above [s_othnone]
- ☐ Another chronic illness or condition [s_othchron]

If another chronic illness or condition, specify: [s_othspec]

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Subsequent

Current Medications (Page 4 of 9)

[sub04]

Site ID [SiteIdentifier]

Subject ID [SubjectIdentifier]

Workflow ID [WorkflowIdentifier]

For 18-27, check all current medications:

☐ 18. Azulfidine (sulfasalazine) [s_azul]

Dose [s_azuldose]

mg/day

(to the nearest tenth)

☐ 19. Pentasa (mesalamine) [s_pent]

Dose [s_pentdose]

mg/day

(to the nearest tenth)

☐ 20. Asacol (mesalamine) [s_asacol]

Dose [s_asadose]

mg/day

(to the nearest tenth)

☐ 21. Colazal (balsalazide) [s_colaz]

Dose [s_coladose]

mg/day

(to the nearest tenth)

☐ 22. Prednisone [s_pred]

Dose [s_preddose]

mg

(to the nearest tenth)

Frequency (select one) [s_predfreq]

☐ QD, total daily dose [1]

☐ QOD [2]

☐ Other [3]

If Other Frequency, please specify: [s_predfreqothsp]

☐ 23. Budesonide [s_bude]

Dose [s_budedose]

mg/day

(to the nearest tenth)

☐ 24. Infliximab in last 4 months [s_inflix]

If YES date last given: [s_inflixdt]

/ / 

(mm/dd/yyyy)

Dose [s_inflixdose]

mg

(to the nearest tenth)

☐ 25. Methotrexate [s_meth]

Dose [s_methdose]

mg/day

(to the nearest tenth)

Route (select one) [s_methroute]

☐ Subcutaneous [1]

☐ PO [2]

26. 6MP or AZA (select one) [s_6mpaza]

☐ 6-mercaptopurine (6MP) [1]

☐ Azathioprine (AZA) [2]

Dose [s_6mpazadose]

mg/day

(to the nearest tenth)

27. Other Medications (check all that apply)

☐ Acid suppression medication [s_medacid]

☐ Calcium supplement [s_medcalc]

☐ Ciprofloxacin or other antibiotic except Flagyl [s_medcipro]

☐ Cyclosporine or tacrolimus [s_medcyclo]

☐ Flagyl (metronidazole) [s_medflag]

☐ Formula supplement (elemental or polymeric) [s_medsupp]

☐ Hydrocortisone per rectum [s_medhydro]

☐ Iron supplement [s_mediron]

☐ Multiple mineral supplement [s_medmineral]

☐ Multiple vitamin supplement [s_medvit]

☐ Rowasa or Canasa (mesalamine) per rectum [s_medrowa]

☐ Tube feeding [s_medtube]

☐ Vitamin D supplement [s_medvitd]

☐ Zinc supplement [s_medzinc]

☐ Probiotic [s_medpro]

☐ Other IBD medications [s_medoth]

If other IBD medications, specify: [s_medothsp]

Subsequent

Measurements-Section 1 (Page 5 of 9)

[sub05]

Site ID [SiteIdentifier]
Subject ID [SubjectIdentifier]
Workflow ID [WorkflowIdentifier]
28. Weight [s_wt] (to the nearest tenth) Units [s_wtunit] <input type="radio"/> kg [1] <input type="radio"/> lbs [2]
29. Height [s_ht] (to the nearest tenth) Units [s_htunit] <input type="radio"/> cm [1] <input type="radio"/> in [2]
30. Parameters plotted on growth chart (check all that apply) <input type="checkbox"/> Height [s_paramht] <input type="checkbox"/> Weight [s_paramwt] <input type="checkbox"/> BMI [s_parambmil] <input type="checkbox"/> None of the above [s_paramnone]

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Subsequent

Measurements-Section 2 (Page 6 of 9)

[sub06]

Site ID [SiteIdentifier]

Subject ID [SubjectIdentifier]

Workflow ID [WorkflowIdentifier]

Nutritional Status

31. Was the patient's Nutritional Status classified? [s_nutrstatclas]

☐ Yes [1]

☐ No [0]

☐ Don't know [2]

32. If the patient's Nutritional Status was classified, please indicate Nutritional Status: [s_nutrstat]

☐ Satisfactory [1]

☐ At risk [2]

☐ In failure [3]

33. If the Nutritional Status was not Satisfactory, is there a plan for: [s_nutrnotsatis]

☐ Evaluation [1]

☐ Treatment [2]

☐ Both [3]

☐ Neither [4]

☐ Don't know [5]

34. If the Nutritional Status was not Satisfactory, has a nutritional plan been initiated for: [s_nutrplan]

☐ Evaluation [1]

☐ Treatment [2]

☐ Both [3]

☐ Neither [4]

☐ Don't know [5]

Growth Status

35. Was the patient's Growth Status classified? [s_grwstatclas]

☐ Yes [1]

☐ No [0]

☐ Don't know [2]

36. If the patient's Growth Status was classified, please indicate Growth Status: [s_grwstat]

☐ Satisfactory [1]

☐ At risk [2]

☐ In failure [3]

37. If the Growth Status was not Satisfactory, is there a plan for: [s_grwnotsatis]

☐ Evaluation [1]

☐ Treatment [2]

☐ Both [3]

☐ Neither [4]

☐ Don't know [5]

38. If the Growth Status was not Satisfactory, has a growth plan been initiated for: [s_grwplan]

☐ Evaluation [1]

☐ Treatment [2]

☐ Both [3]

☐ Neither [4]

☐ Don't know [5]

39. Tanner stage (select one) [s_tanstage]

- | | |
|-----------------------------|--------------------------------------|
| <input type="radio"/> 1 [1] | <input type="radio"/> 2 [2] |
| <input type="radio"/> 3 [3] | <input type="radio"/> 4 [4] |
| <input type="radio"/> 5 [5] | <input type="radio"/> Don't know [6] |

40. If you assessed Tanner stage which of the following did you assess? (check all that apply)

- ☐ Breasts [s_tanbreast]
☐ Pubic hair [s_tanpubic]
☐ Testicular volume [s_tantesticular]

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Subsequent

Laboratory Evaluations (Page 7 of 9)

[sub07]

Site ID [SiteIdentifier]

Subject ID [SubjectIdentifier]

Workflow ID [WorkflowIdentifier]


For 41-47, enter date of blood sample. [s_lbdtd]

/ / 
(mm/dd/yyyy)

41. Hematocrit [s_hem]


(to the nearest tenth)

Enter Hematocrit Date if different from above date. [s_hemdt]

/ / 
(mm/dd/yyyy)

42. Erythrocyte Sedimentation Rate (ESR) [s_esr]


Enter ESR Date if different from above date. [s_esrdtd]

/ / 
(mm/dd/yyyy)

43. C-Reactive Protein (CRP) [s_crp]

(to the nearest tenth)

Enter CRP Date if different from above date. [s_crpdt]

/ / 
(mm/dd/yyyy)

44. White Blood Cell Count (WBC) [s_wbc]

(to the nearest tenth)


Enter WBC Date if different from above date. [s_wbcdtd]

/ / 
(mm/dd/yyyy)

45. Albumin [s_alb]

(to the nearest tenth)

Enter Albumin Date if different from above date. [s_albdt]

/ / 
(mm/dd/yyyy)

46. Alanine Amino Transferase (ALT) [s_alt]

Enter ALT Date if different from above date. [s_altdt]

/ /

(mm/dd/yyyy)

47. 6MP metabolites (If below level of detection, enter "00")

6-TGN [s_6tgn]

6-MMPN [s_6mmpn]

Enter 6-TGN/6-MMPN Date if different from above date. [s_6tgnmmpndt]

/ /

(mm/dd/yyyy)

48. TPMT genotype (select one) [s_tpmtgen]

- | | |
|--|--|
| <input type="radio"/> Normal [1] | <input type="radio"/> Heterozygous [2] |
| <input type="radio"/> Homozygous recessive [3] | <input type="radio"/> Not done [4] |

49. TPMT phenotype (enzyme activity) (select one) [s_tpmtphen]

- | | |
|----------------------------------|--|
| <input type="radio"/> Normal [1] | <input type="radio"/> Intermediate [2] |
| <input type="radio"/> Low [3] | <input type="radio"/> Not done [4] |

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Subsequent

Physician's Assessments (Page 8 of 9)

[sub08]

Site ID	[SiteIdentifier]
Subject ID	[SubjectIdentifier]
Workflow ID	[WorkflowIdentifier]

50. Physician's Global Assessment of current disease status (select one) [s_pga]	
<input type="radio"/> Inactive [1]	<input type="radio"/> Mild [2]
<input type="radio"/> Moderate [3]	<input type="radio"/> Severe [4]

51. Clinical course for the last 6-12 months (select one) [s_clincourse]	
<input type="radio"/> Patient followed for <6 months [1]	
<input type="radio"/> Quiescent (continuously asymptomatic) [2]	
<input type="radio"/> Mild symptoms (never requiring steroids) [3]	
<input type="radio"/> Exacerbations but remissions [4]	
<input type="radio"/> Chronically active, moderate or severe [5]	

52. For Patients with Crohn's Disease ONLY, please indicate phenotype (select one):	
[s_phenotype]	
<input type="radio"/> inflammatory, non-penetrating, non-obstructive (with or without perianal fistula) [1]	
<input type="radio"/> penetrating (abscess or fistula other than a perianal fistula; with or without a perianal fistula) [2]	
<input type="radio"/> obstructive (with or without perianal fistula) [3]	

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Subsequent

Follow Up (Page 9 of 9)

[sub09]

Site ID [SiteIdentifier]

Subject ID [SubjectIdentifier]

Workflow ID [WorkflowIdentifier]

53. Since the last Visit Report the patient has: (check all that apply)

- ☐ Had a relapse [s_relapse]
- ☐ Been hospitalized for IBD [s_hosp]
- ☐ Had surgery for IBD [s_surg]
- ☐ Had an influenza vaccination [s_fluvacc01]
- ☐ Had a bone fracture [s_frac]
- ☐ Don't know [s_dontknow]
- ☐ None of the above [s_none01]

54. Since the last Visit Report the patient has had the following tests: (check all that apply)

- ☐ Upper GI small bowel series [s_uppergi]
- ☐ CT [s_ct]
- ☐ MRI of small bowel [s_mri]
- ☐ Capsule videoendoscopy [s_capsule]
- ☐ EGD [s_egd]
- ☐ Colonoscopy [s_colon]
- ☐ PPD or CXR [s_ppdcxr]
- ☐ DEXA Scan [s_dexa]
- ☐ Eye Exam [s_eye]
- ☐ None of the above [s_none02]

55. Since the last Visit Report, has the TPMT been measured? [s_tpmt]

- ☐ Yes [1]
- ☐ No [0]
- ☐ Don't know [2]

If Yes, please indicate type:

56. TPMT Genotype: [s_tpmtgeno]

- ☐ Normal [1]
- ☐ Heterozygous [2]
- ☐ Homozygous [3]

57. TPMT Phenotype (enzyme activity): [s_tpmtpheno]

- ☐ Normal [1]
- ☐ Intermediate [2]
- ☐ Low [3]

58. Since the last Visit Report, has the diagnosis changed (CD vs UC vs IC)? [s_diagchnng]

☐ Yes [1]

☐ No [0]

59. If Yes, the diagnosis is now (select one): [s_newdiag]

☐ Crohn's disease [1]

☐ UC [2]

☐ Indeterminate Colitis [3]

60. If the patient has Crohn's disease, since the last Visit Report has the phenotype changed? [s_crohns]

☐ Yes [1]

☐ No [0]

61. If Yes, select one: [s_phenochange]

☐ inflammatory, non-penetrating, non-obstructive (with or without perianal fistula) [1]

☐ penetrating (abscess or fistula other than a perianal fistula; with or without a perianal fistula) [2]

☐ obstructive (with or without perianal fistula) [3]

62. Since the Last Visit Report, has the extent of the disease changed? [s_extentdisease]

☐ Yes [1]

☐ No [0]

If yes, check all that apply:

☐ Mouth [s_mouth]

☐ Esophagus [s_disesoph]

☐ Stomach [s_disstom]

☐ Duodenum [s_disduo]

☐ Jejunum [s_disjejunum]

☐ Ileum [s_disileum]

☐ Right colon [s_disrtcolon]

☐ Transverse colon [s_distranscolon]

☐ Left colon [s_disltcolon]

☐ Rectum [s_disrectum]

☐ Perianal [s_disperi]

☐ Extra-intestinal (e.g. pancreas, liver) [s_disextra]

Provider First Initial [s_providerf]

Provider Last Name [s_providerl]

Type of Provider [s_providertyp]

☐ Physician [1]

☐ Nurse Practitioner [2]

☐ Other [3]

63. Data Entered By: [s_enterid]

Additional Information: [s_additinfo]

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