

## ENROLLMENT INFO

### Patient Demographics

[enroll01]

Site ID [SiteIdentifier] Pending Subject ID [SubjectIdentifier] Pending
Date of assessment [e_assesdt] <input type="text"/> / <input type="text"/> / <input type="text"/>  (mm/dd/yyyy) 1. Patient birthdate: [birthdt] <input type="text"/> / <input type="text"/> / <input type="text"/>  (mm/dd/yyyy) 2a. Month of diagnosis (please enter the 2-digit month) [e_diagmth] <input type="text"/> 2b. Year of diagnosis (please enter the 4-digit year) [e_diagyear] <input type="text"/> 3. Patient's Diagnosis [e_diagnosis] <input type="radio"/> Crohn's Disease [1] <input type="radio"/> Ulcerative Colitis [2] <input type="radio"/> Indeterminate Colitis [3] 4. Gender (select one) [e_gender] <input type="radio"/> Male [1] <input type="radio"/> Female [2] <input type="radio"/> Don't know [3] 5. Racial category (select one) [e_race] <input type="radio"/> White [5] <input type="radio"/> Black or African American [4] <input type="radio"/> Hispanic or Latino [9] <input type="radio"/> Asian [2] <input type="radio"/> Other [7] <input type="radio"/> Don't know [8] 5a. If Other, specify: [e_racespec] <input type="text"/>
6. Patient's Health Insurance: 6a. Medicaid [e_medicaid] <input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [2] 6b. Commercial [e_commercial] <input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [2] 6c. Supplemental State Insurance [e_suppstate] <input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [2] <input type="checkbox"/> 6d. No Insurance [e_noinsurance]

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## ENROLLMENT INFO

### Baseline Data

[enroll02]

Site ID [SiteIdentifier] Pending Subject ID [SubjectIdentifier] Pending
7. Recent Past Height from at least 6 months prior to this visit (to the nearest tenth) [e_prevht] <input type="text"/> cm <input type="checkbox"/> 7a. Not Assessed [e_prevhtna] 7b. Date the height was measured (must be at least 6 months prior to this visit) [e_prevhtdt] <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) 8. Recent Weight from at least 4 months prior to this visit (to the nearest tenth) [e_prevwt] <input type="text"/> kg <input type="checkbox"/> 8a. Not Assessed [e_prevwtna] 8b. Date the Weight was measured (must be at least 4 months prior to this visit) [e_prevwtddt] <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)
9. Extent of Disease: Crohn's Disease/Indeterminate Colitis (select one): [e_exchrn] <input type="radio"/> Ileal only [1] <input type="radio"/> Colonic only [2] <input type="radio"/> Ileocolonic only [3] <input type="radio"/> Upper Disease only (not including ileal) [4] <input type="radio"/> Ileal plus Upper Disease [5] <input type="radio"/> Colonic plus Upper Disease (not ileal) [6] <input type="radio"/> Ileocolonic plus Upper Disease [7] <input type="radio"/> Not Assessed [8] 10. Extent of Disease: Ulcerative Colitis (select one) [e_disuculeproc] <input type="radio"/> Ulcerative Proctitis (rectum only) [1] <input type="radio"/> Left sided Ulcerative Colitis (distal to the splenic flexure only) [2] <input type="radio"/> Extensive Ulcerative Colitis (extends proximal to the splenic flexure) [3] <input type="radio"/> Pancolitis (the entire colon) [4] <input type="radio"/> Not Assessed [5]
11. What is the Crohn's Disease Phenotype?(select one) [e_crphen] <input type="radio"/> Inflammatory, non-penetrating, non-stricturing (with or without perianal fistula) [1] <input type="radio"/> Stricturing (with or without perianal fistula) [2] <input type="radio"/> Penetrating (i.e., an abscess or non-perianal fistula; with or without perianal fistula) [3] <input type="radio"/> Don't know [4] 12. Is there Perianal Disease (fistula or large tags, deep fissures and/or abscess)? [e_perianaldis] <input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [2]
<b>AFTER EXITING THIS ENROLLMENT WORKFLOW (BY CLICKING THE NEXT BUTTON ON THE ENROLLMENT SUMMARY PAGE TO FOLLOW), PLEASE CONTINUE ENTERING INFORMATION FOR THE ENROLLMENT VISIT BY CLICKING ON THE VISIT DATA WORKFLOW LINK.</b>

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## VISIT DATA

### Current Visit

[s\_curvst]

Site ID [SiteIdentifier]

Pending

Subject ID [SubjectIdentifier]

Pending

Workflow ID [WorkflowIdentifier]

Pending

Date of assessment [s\_assessdt]

/  /

(mm/dd/yyyy)

13. Has the patient had a colectomy? [s\_colectomy]

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

13a. If Yes, Colectomy Date: [s\_colectomydt]

/  /

(mm/dd/yyyy)

14. Does the patient currently have an ileostomy or colostomy? [s\_ileocolo]

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

15. Has diagnosis of the type of IBD changed since last visit documented in the database? [s\_dxchanged]

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

16. If Yes, What is the current diagnosis? [s\_currdx]

- Crohn's Disease [1]  
 Ulcerative Colitis [2]  
 Indeterminate Colitis [3]

In questions 17-19, describe the symptoms on the worst day in the last 7 days:

17. General well-being related to IBD (select one) [s\_wellbeing]

- Well/Normal [7]  
 Fair [8]  
 Poor [3]  
 Don't Know [6]

18. Limitations in daily activities related to IBD [s\_limitdact]

- None [1]  
 Occasional [2]  
 Frequent [3]  
 Don't know [4]

19. Abdominal pain due to IBD (select one) [s\_abdpain]

- None [1]  
 Mild [2]  
 Moderate to Severe [6]  
 Don't know [5]

In questions 20-25, describe the stools on the worst day in the last 7 days: [s\_totstool]

20. Number of stools per day

21. Most stools were: [s\_moststool]

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

Don't know [4]

22. Number of liquid watery stools per day (0 if none) [s\_liquidstool]

(enter 0 if none)

23. Number of bloody stools per day (0 if none) [s\_bloodstool]

(enter 0 if none)

24. If blood was present, the typical amount was: [s\_bldpres]

Small [1]

Large [2]

Not Applicable [3]

Don't know [4]

25. Nocturnal diarrhea (select one) [s\_nocdia]

Yes [1]

No [0]

Don't know [2]

26. Extraintestinal Manifestations (currently)

26a. Fever 38.5 degrees C for 3 of last 7 days [s\_fever]

Yes [1]

No [0]

Don't know [2]

26b. Definite arthritis [s\_arth]

Yes [1]

No [0]

Don't know [2]

26c. Uveitis [s\_uveitis]

Yes [1]

No [0]

Don't know [2]

26d. Erythema nodosum [s\_eryth]

Yes [1]

No [0]

Don't know [2]

26e. Pyoderma gangrenosum [s\_pyoderm]

Yes [1]

No [0]

Don't know [2]

26f. Other extraintestinal manifestations [s\_other]

Yes [1]

No [0]

Don't know [2]

26g. Other, specify: [s\_otherspec]

## VISIT DATA

### Exam Information

[s\_exminf]

Site ID [SiteIdentifier] Pending Subject ID [SubjectIdentifier] Pending Workflow ID [WorkflowIdentifier] Pending
27. Abdominal Exam (select one) [s_abdexam] <input type="radio"/> No tenderness, no mass [1] <input type="radio"/> Mild Tenderness or questionable mass without tenderness [2] <input type="radio"/> Moderate to severe tenderness, involuntary guarding, definite mass [3] <input type="radio"/> Don't know [4]
28. Perirectal disease (select one) [s_peridis] <input type="radio"/> Normal or asymptomatic tag, non-draining fistula without tenderness, no deep fissuring or abscess [1] <input type="radio"/> Mildly inflamed skin tag(s), 1 to 2 indolent fistulas with scant drainage (NO tenderness, deep fissures, or abscess) [2] <input type="radio"/> Severely inflamed tag(s), active fistula with drainage, tenderness, abscess, or deep fissure [3] <input type="radio"/> Don't know [4]
29. Weight (to the nearest tenth) [s_wt] <input type="text"/> kg
30. Height (to the nearest tenth) [s_ht] <input type="text"/> cm
31. BMI [s_BMI] <input type="text"/>
32. Has Weight, Height and BMI been plotted on a growth chart? [s_vitplot] <input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [2]

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## VISIT DATA

### Disease Information/Change Information

[s\_dischg]

Site ID [SiteIdentifier]

Pending

Subject ID [SubjectIdentifier]

Pending

Workflow ID [WorkflowIdentifier]

Pending

33. Physician's Global Assessment of current disease status (select one) [s\_pga]

- Quiescent [1]
- Mild [2]
- Moderate [3]
- Severe [4]
- Don't know [5]

34. Since the last visit documented in the database, has the extent of disease changed? [s\_changextdis]

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

34a. Change in extent of disease: Crohn's Disease/Indeterminate Colitis (select one): [s\_changextdiscdic]

- Ileal only [1]
- Colonic only [2]
- Ileocolonic only [3]
- Upper Disease only (not including ileal) [4]
- Ileal plus Upper Disease [5]
- Colonic plus Upper Disease (not ileal) [6]
- Ileocolonic plus Upper Disease [7]

34b. Change in extent of disease: Ulcerative Colitis (select one): [s\_changextdisuc]

- Ulcerative Proctitis (rectum only) [1]
- Left sided Ulcerative Colitis (distal to the splenic flexure only) [2]
- Extensive Ulcerative Colitis (extends proximal to the splenic flexure) [3]
- Pancolitis (the entire colon) [4]

35. Since the last visit documented in the database, has the Crohn's Phenotype changed? [s\_changecdphen]

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

35a. If Yes, what is the Crohn's Disease Phenotype? (select one) [s\_changcdpheny]

- Inflammatory, non penetrating, non-stricturing (with or without perianal fistula) [1]
- Stricturing (with or without perianal fistula) [2]
- Penetrating (abscess/or non-perianal fistula; with or without perianal fistula) [3]

35b. Is there Perianal Disease (fistula or large tags, deep fissures and/or abscess)? [s\_perianaldis]

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

36. Nutritional Status: [s\_nutrstatus]

- Satisfactory [1]
- At risk [2]
- In failure [3]
- Not Assessed [5]

37. Growth Status: [s\_grwstat]

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

○ Not Assessed [5]

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## VISIT DATA

### Information Since Last Visit

[s\_lstvst]

Site ID [siteIdentifier] Pending Subject ID [subjectIdentifier] Pending Workflow ID [workflowIdentifier] Pending
38. Since the last visit has the patient had a relapse? [s_prelapse] <input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [2] 38a. If Yes, how many times? [s_prelapsey] <input type="text"/> <input type="checkbox"/> 38b. Don't know [s_prelapseydn]
39. Since the last visit has the patient been hospitalized for IBD? [s_hospibd] <input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [2] 39a. If Yes, how many times? [s_hospy] <input type="text"/> <input type="checkbox"/> 39b. Don't know [s_hospydn]
40. Since the last visit, has the patient had intra-abdominal surgery for IBD excluding gastrostomy tubes? [s_surg] <input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [2] 40a. If Yes, Please specify intra-abdominal surgery [s_surgy] <input type="text"/>
41. Since the last visit, has the patient been diagnosed with a new malignancy? [s_malig] <input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [2] 41a. If Yes, Indicate malignancy: [s_maligy] <input type="text"/>
42. Since the last visit, has the patient had a serious infection? (For example, Shingles, bacterial infection requiring parenteral antibiotics or infection requiring hospitalization) [s_infec] <input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [2] 42a. If Yes, Indicate infection: [s_infecy] <input type="text"/>
43. Adherence Assessment: [s_adher] <input type="radio"/> Satisfactory [1] <input type="radio"/> Fair [2] <input type="radio"/> Poor [3] <input type="radio"/> None [4] <input type="radio"/> Not Assessed [5]

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## VISIT DATA

### Labs

[s\_labs]

Site ID [SiteIdentifier] Pending Subject ID [SubjectIdentifier] Pending Workflow ID [WorkflowIdentifier] Pending
<b>Blood Test Results (if drawn)</b> 44. Date of Blood Sample [s_lbdtd] <input type="text"/> / <input type="text"/> / <input type="text"/>  (mm/dd/yyyy) 44a. C-Reactive Protein (CRP) (If below level of detection, enter 0) [s_crp] <input type="text"/> 44b. Enter CRP Date if different from blood sample date: [s_crpdt] <input type="text"/> / <input type="text"/> / <input type="text"/>  (mm/dd/yyyy) 45. Hematocrit [s_hem] <input type="text"/> 45a. Enter Hematocrit Date if different from blood sample date: [s_hemdt] <input type="text"/> / <input type="text"/> / <input type="text"/>  (mm/dd/yyyy) 46. Erythrocyte Sedimentation Rate (ESR) [s_esr] <input type="text"/> 46a. Enter ESR Date if different from blood sample date: [s_esrtd] <input type="text"/> / <input type="text"/> / <input type="text"/>  (mm/dd/yyyy) 47. Albumin [s_alb] <input type="text"/> 47a. Enter Albumin Date if different from blood sample date: [s_albdt] <input type="text"/> / <input type="text"/> / <input type="text"/>  (mm/dd/yyyy)

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## VISIT DATA

### Medications as of the Conclusion of This Visit (including any changes made)

[s\_meds]

Site ID [SiteIdentifier]

Pending

Subject ID [SubjectIdentifier]

Pending

Workflow ID [WorkflowIdentifier]

Pending

Is the patient currently taking the following? Please provide dose average, if more than one dose given

48. Azulfidine (sulfasalazine) [s\_azulf]

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

48a. If YES, Indicate Azulfidine dose [s\_azuldose]

mg/day

49. Pentasa (mesalamine) [s\_pentasa]

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

49a. If YES, Indicate Pentasa dose [s\_pentdose]

mg/day

50. Asacol (mesalamine) [s\_asac]

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

50a. If YES, Indicate Asacol dose [s\_asadose]

mg/day

51. Lialda (mesalamine) [s\_lialda]

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

51a. If YES, Indicate Lialda dose [s\_lialdadose]

mg/day

52. Apriso (mesalamine) [s\_apriso]

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

52a. If YES, Indicate Apriso dose [s\_aprisodose]

mg/day

53. Rowasa (mesalamine) per rectum [s\_rowasa]

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

53a. If YES, Indicate Rowasa dose [s\_rowasadose]

mg/day

54. Canasa (mesalamine) per rectum [s\_canasa]

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

54a. If YES, Indicate Canasa dose [s\_canasadose]

mg/day

55. Colazal (balsalazide) [s\_colazal]

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

55a. If YES, Indicate Colazal dose [s\_coladose]

mg/day

56. Any oral or parenteral antibiotic [s\_ciprofloxx]

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

57. Tacrolimus [s\_tacrolimus]

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

57a. If YES, Indicate Tacrolimus dose [s\_tacrodose]

mg/day

58. Cyclosporine [s\_cyclosporine]

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

58a. If YES, Indicate Cyclosporine dose [s\_cyclodose]

mg/day

59. Prednisone [s\_prednisone]

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

59a. If YES, Indicate Prednisone dose [s\_preddose]

mg/day

60. Budesonide [s\_budesonide]

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

60a. If YES, Indicate Budesonide dose [s\_budedose]

mg/day

61. Hydrocortisone per rectum (enema) [s\_hydrocort]

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

61a. If YES, Indicate Hydrocortisone dose [s\_hydrocortdose]

mg/day

62. Allopurinol [s\_allop]

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

62a. If YES, Indicate Allopurinol dose [s\_allopdose]

mg/day

63. 6-mercaptopurine (6MP) [s\_6mp]

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

63a. If YES, Indicate 6MP dose [s\_6mpdose]

mg/day

64. Azathioprine (AZA) [s\_aza]

- Yes [1]
- No [0]

Don't know [2]

64a. If YES, Indicate AZA dose [s\_azadose]

mg/day

65. Methotrexate (MTX) [s\_methotrexate]

Yes [1]

No [0]

Don't know [2]

65a. If YES, Indicate MTX dose [s\_methdose]

mg/week

65b. MTX Route (select one) [s\_methroute]

Subcutaneous [1]

PO [2]

Don't know [4]

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## VISIT DATA

### Biologics Information

[s\_biolog]

Site ID [SiteIdentifier]

Pending

Subject ID [SubjectIdentifier]

Pending

Workflow ID [WorkflowIdentifier]

Pending

Is the patient currently taking the following? Please provide dose average, if more than one dose given.

66. Was Infliximab (Remicade) given in last 4 months? [s\_infliximab]

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

66a. If Yes, was an Induction Dose given? [s\_inflixind]

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

66b. If an Induction Dose, Date first (Induction Dose) given [s\_inflixindy]

/  /

(mm/dd/yyyy)

66c. If not an induction dose, Date of most recent Infliximab (Infusion) dose [s\_inflixdt]

/  /

(mm/dd/yyyy)

66d. Most recent Infliximab Dose [s\_inflixdose]

mg

66e. Is the patient on a maintenance therapy? [s\_inflixmt]

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

66f. If Yes, what is the current dosing interval? (i.e., "every 4 weeks" -- enter a numeric value below) [s\_inflixdi]

Every

weeks

Is the patient currently taking the following? Please provide dose average, if more than one dose given.

67. Was Humira (Adalimumab) given in last 4 months? [s\_humira]

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

67a. If Yes, was an Induction Dose given? [s\_humiraind]

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

67b. If an Induction Dose, Date first (Induction Dose) given [s\_humiraindy]

/  /

(mm/dd/yyyy)

67c. If not an induction dose, Date of most recent Humira dose [s\_humiradt]

/  /

(mm/dd/yyyy)

67d. Most recent Humira Dose [s\_humiradose]

mg

67e. Is the patient on a maintenance therapy? [s\_humiramt]

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

67f. If Yes, what is the current dosing interval? (i.e., "every 4 weeks" -- enter a numeric value below) [s\_humiradi]

Every

weeks

Is the patient currently taking the following? Please provide dose average, if more than one dose given.

68. Was Cimzia (Certolizumab) given in last 4 months? [s\_cimzia]

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

68a. If Yes, was Induction Dose given? [s\_cimziaind]

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

68b. If an Induction Dose, Date first (Induction Dose) given [s\_cimziaindy]

/  /    
(mm/dd/yyyy)

68c. If not an induction dose, Date of most recent Cimzia dose [s\_cimziadt]

/  /    
(mm/dd/yyyy)

68d. Most recent Cimzia Dose [s\_cimziadose]

mg

68e. Is the patient on a maintenance therapy? [s\_cimziamt]

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

68f. If Yes, what is the current dosing interval? (i.e., "every 4 weeks" -- enter a numeric value below) [s\_cimziadi]

Every

weeks

Is the patient currently taking the following? Please provide dose average, if more than one dose given.

69. Was Tysabri (Natalizumab) given in last 4 months? [s\_tysabri]

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

69a. If Yes, was Induction Dose given? [s\_tysabriind]

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

69b. If an Induction Dose, Date first (Induction Dose) given [s\_tysabriindy]

/  /    
(mm/dd/yyyy)

69c. If not an induction dose, Date of most recent Tysabri dose [s\_tysabridt]

/  /    
(mm/dd/yyyy)

69d. Most recent Tysabri Dose [s\_tysabridose]

mg

69e. Is the patient on a maintenance therapy? [s\_tysabrint]

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

69f. If Yes, what is the current dosing interval? (i.e., "every 4 weeks" -- enter a numeric value below) [s\_tysabridi]

Every

weeks

## VISIT DATA

### Nutrition Information

[s\_nutr]

Site ID [SiteIdentifier] Pending Subject ID [SubjectIdentifier] Pending Workflow ID [WorkflowIdentifier] Pending
Is the patient currently taking the following? 70. An enteral supplement as prescribed? [s_entssupr] <input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [2] 71. Enteral nutrition as primary therapy? [s_entnupr] <input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [2]

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## VISIT DATA

### TPMT/Biologic Lab Information

[s\_tpmt]

Site ID [SiteIdentifier]

Pending

Subject ID [SubjectIdentifier]

Pending

Workflow ID [WorkflowIdentifier]

Pending

72. Since the last Visit Report, Has the TPMT been measured? [s\_tpmt]

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

72a. TPMT Genotype: [s\_tpmtgeno]

- Normal [1]  
 Heterozygous [2]  
 Homozygous Recessive [3]  
 Not done [4]

72b. TPMT Genotype Date: [s\_tpmtgenodt]

/  /    
(mm/dd/yyyy)

72c. TPMT Phenotype (enzyme activity): [s\_tpmtpheno]

- Normal/High [5]  
 Intermediate [2]  
 Low [3]  
 Not done [4]

72d. TPMT Phenotype Date: [s\_tpmtphenodt]

/  /    
(mm/dd/yyyy)

6MP/AZA patients only on last or current visit [s\_thiometab]

73. Has patient had thiopurine metabolites measured?

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

73a. If Yes, please indicate most recent measurement date [s\_thiometabdt]

/  /    
(mm/dd/yyyy)

73b. Most recent 6-TGN level: [s\_6tgn]

73c. Most recent 6-MMPN: [s\_6mmpn]

Infliximab, Humira, Cimzia, Tysabri Therapy patients only [s\_cxr]

74. Last CXR Result

- Positive [1]  
 Negative [2]  
 Not Done [3]

74a. If Positive or Negative, Date of Last CXR: [s\_cxrposneg]

/  /    
(mm/dd/yyyy)

75. Last PPD Result [s\_ppd]

- Positive [1]  
 Negative [2]  
 Not Done [3]

75a. If Positive or Negative, Date of Last PPD: [s\_ppdposneg]

/  /  



(mm/dd/yyyy)

Infliximab Therapy patients only on last or current visit [s\_inflixtroughmeas]

76. Has patient had Infliximab trough level measured?

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

76a. If Yes, please indicate infliximab trough level [s\_inflixtrough]

mg/L

76b. If Yes, please indicate infliximab trough level Date [s\_inflixtroughdt]

/  /

(mm/dd/yyyy)

77. Since the last visit documented in the database, were there any visits that were not documented? [s\_visnotdoc]

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

77a. If YES, How many? [s\_visnotdocy]

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## VISIT DATA

### Sign-off

[s\_sgnoff]

Site ID [SiteIdentifier] Pending Subject ID [SubjectIdentifier] Pending Workflow ID [WorkflowIdentifier] Pending
78. Data Entered By: [s_entry] <input type="text"/> 79. Primary Provider [s_primprov] <input type="text"/> 80. Secondary Provider: [s_secprov] <input type="text"/> <input type="checkbox"/> 80a. Not Applicable [s_secprovna]

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## INACTIVATE/ACTIVATE PATIENT

### Activation Status

[activation]

Site ID [SiteIdentifier] Pending Subject ID [SubjectIdentifier] Pending Workflow ID [WorkflowIdentifier] Pending
Status: [actvtn] <i>This field shows the current status of the patient. Please change to the desired status.</i> <input type="radio"/> Active [1] <input type="radio"/> Inactive [2] Date of status change: [actvtndt] [ ] / [ ] / [ ] [ ] (mm/dd/yyyy)
Reason for the inactivation of this subject: [inactrs] <input type="radio"/> 1. Transferred to an adult gastroenterologist [1] <input type="radio"/> 2. Transferred to another pediatric gastroenterology practice [2] <input type="radio"/> 3. Transferred to another physician who is not a gastroenterologist [3] <input type="radio"/> 4. Colectomy for ulcerative colitis [4] <input type="radio"/> 5. Moved to another city [5] <input type="radio"/> 6. Lost to follow-up [6] <input type="radio"/> 7. Withdrawal of consent (un-enrollment) [7] <input type="radio"/> 8. Death [8] <input type="radio"/> 9. Other [9] If other, specify: [inctrssp] [ ]

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