

# Crohn's and Colitis Research survey 2019 for the IBD BioResource



OFFICE USE ONLY  
Attach Barcode Label Here



Please answer ALL questions by using BLOCK CAPITALS or crossing the relevant boxes e.g. **A B 1 2** or  Y  N - keeping within the spaces provided

**A B 1 2**

or  Y  N

Gender:  Male  Female

Date of birth: 

D	D

 / 

M	M

 / 

Y	Y	Y	Y

To help our research we want to know what drugs you have been treated with for Crohn's or Colitis. Please provide details below. Although the form looks quite complicated most people will only have received one or two drugs in each section (or none at all), so filling it in is not as bad as it looks!

The first section is for infusion / injection -based treatments. The second section is for immunosuppressant tablets (methotrexate can also be as an injection)

N.B. Estimates of dates are fine! If you haven't received these drugs or you are not sure please leave the row blank.

## Drug treatments

IBD Drug name	Start date (approx)	Stop date (approx) if stopped	Are you currently on this drug?	Was the treatment effective? (Choose one of the options from below that best describes your response to the drug)  1 = Yes it worked / is working with no loss of response 2 = No didn't work 3 = Only ever worked partially 4 = Unable to assess (e.g. unable to tolerate) 5 = Worked well for less than 1 yr then lost response 6 = Worked well for more than 1 yr then lost response 7 = Don't know	Did you have any significant reactions to drug injections/infusions?	If yes, did you have to stop the drug / switch to an alternative?	While on this drug (answer separately for each drug), were you also taking it in combination with an immunosuppressant such as Azathioprine, Mercaptopurine or Methotrexate?  (Choose one of the options from below) 1 = Yes 2 = No 3 = Only for first months then stopped the immunosuppressant 4 = Initially on drug (a/b/c/d/e) without immunosuppressant but then had immunosuppressant therapy added later on 5 = Don't know																
<b>a. Infliximab</b>	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td></tr></table>	M	M			Y	Y			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td></tr></table>	M	M			Y	Y			Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
M	M																						
Y	Y																						
M	M																						
Y	Y																						
<b>Infliximab</b> <i>(if given a 2nd course)</i>	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td></tr></table>	M	M			Y	Y			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td></tr></table>	M	M			Y	Y			Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
M	M																						
Y	Y																						
M	M																						
Y	Y																						
<b>b. Adalimumab</b> (Humira etc.)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td></tr></table>	M	M			Y	Y			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td></tr></table>	M	M			Y	Y			Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
M	M																						
Y	Y																						
M	M																						
Y	Y																						
<b>Adalimumab</b> (Humira etc.) <i>(if given a 2nd course)</i>	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td></tr></table>	M	M			Y	Y			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td></tr></table>	M	M			Y	Y			Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
M	M																						
Y	Y																						
M	M																						
Y	Y																						
<b>c. Vedolizumab</b> (Entyvio)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td></tr></table>	M	M			Y	Y			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td></tr></table>	M	M			Y	Y			Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
M	M																						
Y	Y																						
M	M																						
Y	Y																						
<b>d. Ustekinumab</b> (Stellara)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td></tr></table>	M	M			Y	Y			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td></tr></table>	M	M			Y	Y			Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
M	M																						
Y	Y																						
M	M																						
Y	Y																						
<b>e. Golimumab</b> (Simponi)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td></tr></table>	M	M			Y	Y			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td></tr></table>	M	M			Y	Y			Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
M	M																						
Y	Y																						
M	M																						
Y	Y																						

47689



IBD Drug name	Start date (approx)	Stop date (approx) if stopped	Are you currently on this drug?	Was the treatment effective? (Choose one of the options from below that best describes your response to the drug) 1 = Yes it worked / is working with no loss of response 2 = Unable to assess: a. as developed side effects and had to stop it b. on this drug for less than 3 months c. as started Infliximab or Adalimumab at the same time or soon after starting d. drug started soon after surgery (had few symptoms) 3 = No didn't work 4 = Worked well for less than 1 year but then lost response 5 = Worked well for more than 1 year but then lost response 6 = Only ever worked a bit / partial response 7 = Don't know / can't remember	Did you have any significant side effects with drug ?	Were you able to stay on drug (e.g. at reduced dose)?																				
<b>a. Azathioprine</b>	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	M	M	/	Y	Y	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	M	M	/	Y	Y	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2a <input type="checkbox"/> 2b <input type="checkbox"/> 2c <input type="checkbox"/> 2d <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
M	M	/	Y	Y																						
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>																						
M	M	/	Y	Y																						
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>																						
<b>Azathioprine</b> <i>(if given a 2nd course)</i>	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	M	M	/	Y	Y	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	M	M	/	Y	Y	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2a <input type="checkbox"/> 2b <input type="checkbox"/> 2c <input type="checkbox"/> 2d <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
M	M	/	Y	Y																						
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>																						
M	M	/	Y	Y																						
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>																						
<b>b. Mercaptopurine</b>	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	M	M	/	Y	Y	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	M	M	/	Y	Y	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2a <input type="checkbox"/> 2b <input type="checkbox"/> 2c <input type="checkbox"/> 2d <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
M	M	/	Y	Y																						
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>																						
M	M	/	Y	Y																						
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>																						
<b>Mercaptopurine</b> <i>(if given a 2nd course)</i>	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	M	M	/	Y	Y	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	M	M	/	Y	Y	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2a <input type="checkbox"/> 2b <input type="checkbox"/> 2c <input type="checkbox"/> 2d <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
M	M	/	Y	Y																						
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>																						
M	M	/	Y	Y																						
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>																						
<b>c. Methotrexate</b>	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	M	M	/	Y	Y	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	M	M	/	Y	Y	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2a <input type="checkbox"/> 2b <input type="checkbox"/> 2c <input type="checkbox"/> 2d <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
M	M	/	Y	Y																						
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>																						
M	M	/	Y	Y																						
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>																						
<b>Methotrexate</b> <i>(if given a 2nd course)</i>	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	M	M	/	Y	Y	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	M	M	/	Y	Y	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2a <input type="checkbox"/> 2b <input type="checkbox"/> 2c <input type="checkbox"/> 2d <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
M	M	/	Y	Y																						
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>																						
M	M	/	Y	Y																						
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>																						
<b>d. Tofacitinib</b> (Xeljanz)	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	M	M	/	Y	Y	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	M	M	/	Y	Y	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2a <input type="checkbox"/> 2b <input type="checkbox"/> 2c <input type="checkbox"/> 2d <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
M	M	/	Y	Y																						
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>																						
M	M	/	Y	Y																						
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>																						

Oral steroids	Have you ever had either of the listed oral steroids? (i.e. taken by mouth)	Approx. how many courses of each steroid by mouth have you ever received for your IBD? (If none enter 0)	What was approx. duration of longest course you ever had? (in weeks)	Did you have any side effects?	If Yes, please choose all options relevant to you: a = Infection requiring antibiotics and / or admission to hospital b = Mood disturbance (e.g. anxiety, depression) c = Problems sleeping d = Weight gain that affected your self-esteem e = Skin changes that affected your self-esteem f = Indigestion g = Other, please specify					
<b>a. Prednisolone</b>	Y <input type="checkbox"/> N <input type="checkbox"/>	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> — PLEASE SPECIFY <table border="1"><tr><td><input type="text"/></td></tr></table>	<input type="text"/>
<input type="text"/>	<input type="text"/>									
<input type="text"/>	<input type="text"/>									
<input type="text"/>										
<b>b. Budesonide</b> (Entocort, Budenofalk, Cortiment)	Y <input type="checkbox"/> N <input type="checkbox"/>	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> — PLEASE SPECIFY <table border="1"><tr><td><input type="text"/></td></tr></table>	<input type="text"/>
<input type="text"/>	<input type="text"/>									
<input type="text"/>	<input type="text"/>									
<input type="text"/>										



**Approximately what percentage (%) of steroid courses that you took fell in the following durations**

Duration	Percentage (%)
Less than 2 weeks	<input type="text"/> <input type="text"/> <input type="text"/>
2-8 weeks	<input type="text"/> <input type="text"/> <input type="text"/>
8-12 weeks	<input type="text"/> <input type="text"/> <input type="text"/>
More than 12 weeks	<input type="text"/> <input type="text"/> <input type="text"/>

Total % (should add up to 100%)

**Surgical history**

Have you required **any** surgery for your IBD?  Y  N

If you have had surgery for ulcerative colitis, indeterminate colitis or IBD-Unspecified (IBD-U) please go to **Section 1** below  
 If you have had surgery for Crohn's please go to **Section 2** overleaf

**SECTION 1: surgery for Ulcerative Colitis / Indeterminate colitis / IBD-U**

Have you had your colon (bowel) removed?  Y  N

If yes, what was the reason for surgery? (choose one of the options from below)

- a = Acute severe colitis – i.e. you were admitted for a sudden severe flare which did not adequately respond to medication, hence needed urgent surgery
- b = Longstanding active colitis – usually a number of medications were tried over a period of months or even years, but without adequate response (+/- dependent on steroids) - hence ultimately requiring surgery
- c = Concern about pre-cancer ('dysplasia') e.g. based on results of biopsies
- d = The actual finding of a cancer either before surgery or on histopathological examination of the removed bowel after surgery
- e = Not sure

**SECTION 2: surgery for Crohn's disease**

Have you had an operation on your **bottom** for 'peri-anal' Crohn's?  Y  N  
 (usually for an abscess or fistula +/- with a 'Seton' suture /stitch left in place)

Year of first surgery on your bottom ?

Have you required more surgeries on your bottom since then?  Y  N

Have you had surgery on your **abdomen (tummy / belly, bowel / gut)** for Crohn's  Y  N

If yes, what is the total number of surgeries you have had on your **abdomen** for Crohn's disease?

When was the last surgery on your abdomen? <sup>M</sup> / <sup>Y</sup>

Do you have a stoma present?  Y  N

**continued overleaf...**



**Surgery on your abdomen (Tummy, belly, gut) for crohn's**

**Year of surgery**

**Reason for abdominal surgery** (choose one of the options from below)

*a = Narrowing (blockage, stricture, stenosis, scarring) in the gut*

*b = An intestinal perforation / internal abscess / internal fistula e.g. connecting bowel to bladder*

*c = Gut inflammation that was not getting better with medication or would only respond to steroids*

*d = Severe 'perianal' disease i.e. fistulas/ abscesses around your bottom, requiring a stoma bag*

*e = Simply to reverse an existing stoma*

*f = Don't know*

1st Surgery

v	v	v	v

a  b  c  d  e  f

2nd Surgery

v	v	v	v

a  b  c  d  e  f

3rd Surgery

v	v	v	v

a  b  c  d  e  f

4th Surgery

v	v	v	v

a  b  c  d  e  f

5th Surgery

v	v	v	v

a  b  c  d  e  f

**If you have an email address, please provide this below:**

