9. IBD SPECIFIC MEDICATION

Please tell us if you are currently on any medication listed below:

Azathioprine	☐ Yes ☐ No ☐ Don't know
Mercaptopurine (6-MP)	☐ Yes ☐ No ☐ Don't know
Methotrexate	☐ Yes ☐ No ☐ Don't know
Ciclosporin	☐ Yes ☐ No ☐ Don't know
Infliximab (e.g. Remicade, Inflectra, Remsima) - hospital infusions/home injections	☐ Yes ☐ No ☐ Don't know
Adalimumab (e.g. Humira, Imraldi, Amjevita) - home injection	☐ Yes ☐ No ☐ Don't know
Vedolizumab (Entyvio) - hospital infusions/home injections	☐ Yes ☐ No ☐ Don't know
Mesalazine - rectal	☐ Yes ☐ No ☐ Don't know
Mesalazine - oral	☐ Yes ☐ No ☐ Don't know
Sulfasalazine (Salazopyrin)	☐ Yes ☐ No ☐ Don't know
Steroids - oral (prednisolone or budesonide e.g. Entocort, Budenofalk, Cortiment)	☐ Yes ☐ No ☐ Don't know
Steroids - rectal	☐ Yes ☐ No ☐ Don't know
Tioguanine	☐ Yes ☐ No ☐ Don't know
Allopurinol	☐ Yes ☐ No ☐ Don't know
Tacrolimus	☐ Yes ☐ No ☐ Don't know
Ustekinumab (Stelara) - hospital infusions/home injections	☐ Yes ☐ No ☐ Don't know
Tofacitinib	☐ Yes ☐ No ☐ Don't know

10. FAMILY HISTORY

Are you aware of any close members of your family who have the same or similar conditions as you? ☐ Yes ☐ No *if yes, please complete section 11 & 12*

11. FAMILY - Please include all blood relatives both living and deceased - but not adopted relatives, step children etc.

How many children do you have? ☐☐ Son(s) ☐☐ Daughter(s)

How many brothers and sisters do you have?

☐☐ Brother(s) ☐☐ Sister(s) ☐☐ Half-brother(s) ☐☐ Half-sister(s)

Do you have a twin brother or sister? ☐ Yes ☐ No - *if no, continue to 12.*

If yes, is your twin? ☐ Identical ☐ Non-identical ☐ Not known

Does your twin have IBD? ☐ Yes ☐ No ☐ Unknown

12. FAMILY HISTORY OF INFLAMMATORY BOWEL DISEASE

How many people do you currently live with who **do not** have Crohn's or Ulcerative colitis or IBDU?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4+ ☐ Unknown

How many unaffected brothers and sisters do you have? (who **do not** have Crohn's or Ulcerative colitis or IBDU)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4+ ☐ Unknown

Have any of your first/second degree blood relatives (*parents, brothers, sisters, children, uncles, aunts, cousins, grandparents*) ever been diagnosed with:

Crohn's	☐ Yes - *specify below*	☐ No	☐ Don't know
Ulcerative colitis	☐ Yes - *specify below*	☐ No	☐ Don't know
IBDU	☐ Yes - *specify below*	☐ No	☐ Don't know

Mother	☐ Crohn's	☐ Ulcerative colitis	☐ IBDU	At age:	☐☐ yrs
Father	☐ Crohn's	☐ Ulcerative colitis	☐ IBDU	At age:	☐☐ yrs
Brother 1	☐ Crohn's	☐ Ulcerative colitis	☐ IBDU	At age:	☐☐ yrs
Brother 2	☐ Crohn's	☐ Ulcerative colitis	☐ IBDU	At age:	☐☐ yrs
Sister 1	☐ Crohn's	☐ Ulcerative colitis	☐ IBDU	At age:	☐☐ yrs
Sister 2	☐ Crohn's	☐ Ulcerative colitis	☐ IBDU	At age:	☐☐ yrs
Child 1	☐ Crohn's	☐ Ulcerative colitis	☐ IBDU	At age:	☐☐ yrs
Child 2	☐ Crohn's	☐ Ulcerative colitis	☐ IBDU	At age:	☐☐ yrs
Cousin	☐ Crohn's	☐ Ulcerative colitis	☐ IBDU	At age:	☐☐ yrs
Grandparent	☐ Crohn's	☐ Ulcerative colitis	☐ IBDU	At age:	☐☐ yrs
Uncle	☐ Crohn's	☐ Ulcerative colitis	☐ IBDU	At age:	☐☐ yrs
Aunt	☐ Crohn's	☐ Ulcerative colitis	☐ IBDU	At age:	☐☐ yrs

Thank you very much for taking the time to complete this questionnaire.

If you have any queries please contact the IBD/NIHR BioResource team:

Email: ibd@bioresource.nihr.ac.uk

Freephone: 0800 090 22 77 (office hours only Monday – Friday)

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