IBD Registry Worksheet
General Information

Patient ID Number ⌊_⌋⌊_⌋⌊_⌋//⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ***RCGLD Serial Number*** ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

1- Data Source

1. Site of Registry ..... ⌊_⌋⌊_⌋ 2. Date of Registry ⌊_⌋⌊_⌋⌊_⌋⌊_⌋//⌊_⌋⌊_⌋//⌊_⌋⌊_⌋ 3. IBD type ⌊_⌋⌊_⌋

4. Source of Registry **1.** ..... ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋ **2.** ..... ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋
3. ..... ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋ **4.** ..... ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

51=Ulcerative Colitis
52=Crohns Disease
53=Bowel Inflammation

Comments:

2- Patient Identification

1. First Name: ..... **2.** Last Name: ..... **3.** Father Name: .....

4. ID Number ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

5. Issued From: .....

6. Social Security Number ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

7. Primary Insurance Payer ⌊_⌋ **8.** Insurance Number ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

0=Not Insured *1=Private Insurance* *2=Insured, Governmental*
3=Insured, Social Security *4=Insured, Military* *5=Insured, Charity*
9=Unknown *if private, name:* .....

9. Address

1. State: ..... **2.** City or Village: ..... **3.** Zip Code ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

4. Home: .....

5. Job: .....

6. Home Phone ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋//⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

7. Job Phone ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋//⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

8. Cell Phone: ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

9. Mail Box: ..... **10.** E-mail: .....

Comments:

3- Secondary Contact

1. Relationship ⌊_⌋⌊_⌋ **2.** First Name: ..... **3.** Last Name: .....

01=Son/Daughter *02=Parent* *03=Grandparent* *04=Spouse* *05=Sibling*
06=Other Relation *07=Friend* *08=Institution* *09=Doctor* *10=Other*

2. State: ..... **3.** City or Village: ..... **4.** Zip Code ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

5. Home: .....

6. Job: .....

7. Home Phone: ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋//⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

8. Job Phone: ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋//⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

9. Cell Phone: ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

Comments:

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4- Patient Personal Information

1. Birth Date ⌊_⌋⌊_⌋⌊_⌋⌊_⌋//⌊_⌋⌊_⌋//⌊_⌋⌊_⌋ **2.** Age ⌊_⌋⌊_⌋ **3.** Place of Birth..... **4.** Sex ⌊_⌋
1= Male 2=Female 3=Others (Hermaphrodite) 4=Transsexual 9= Unknown

5. Marital Status ⌊_⌋
1= Single 2= Married 3= Separated 4= Divorced 5= Widowed 9= Unknown

6. Ethnicity **1.** ⌊_⌋⌊_⌋ **2.** ⌊_⌋⌊_⌋ **3.** ⌊_⌋⌊_⌋ **4.** ⌊_⌋⌊_⌋
01=Fars 02=Kord 03=Lor 04=Turk 05= Balooch 06=Torkaman 07=Arab 08=Gilani 10=Mazandarani 11=Afghan 09=Unknown

7. Child Number ⌊_⌋

8. Religion ⌊_⌋
1=Muslim 2=Christian 3=Jewish 4=Bahai 5=Zoroastrian 6=Other 9=Unknown

9. Weight (kg) ⌊_⌋⌊_⌋⌊_⌋//⌊_⌋

10. Height (cm) ⌊_⌋⌊_⌋⌊_⌋

11. Immigration Status: *1=Original Iranian* ☐ *2=Immigrated to Iran* ☐

12. Immigration From .....

13. Occupation *(current or most recent)* ..... ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

14. Industry ..... ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

15. Longest Occupation ..... ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

16. Longest Industry ..... ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

17. Education ⌊_⌋
1=Illiterate 2=Primary School 3=High School 4=Bachelor of Science 5=Master of Science 6=PhD-MD 7=Other 9=Unknown
If so, please specify ……

Comments:

5- Medical History

1=Yes 0=No 9=Unknown

1. Hx of Breast feeding ⌊_⌋ **2.** Hx of Turner Dis. ⌊_⌋

3. Hx of Immunoglobinopathies ⌊_⌋ **4.** Hx of Autoimmune Disease ⌊_⌋

5. Hx of any important diseases: ……

6. Hx of Surgery ⌊_⌋ *if yes* Appendectomy ☐ Colectomy ☐ Others…….

Comments:

6- Familial History of IBD

1. Familial History of IBD 1= Yes☐ 0= No☐ 9= Unknown ☐

2. Familial IBD Type *51. UC 52.CD 53. IC* **1.** ⌊_⌋⌊_⌋ **2.** ⌊_⌋⌊_⌋ **3.** ⌊_⌋⌊_⌋ **4.** ⌊_⌋⌊_⌋ **5.** ⌊_⌋

3. Hx of Autoimmune Disease 1= Yes☐ 0= No☐ 9= Unknown ☐

4. Relationship of the Affected Family Members *1=First Degree 2=Second Degree* 3=Spouse **1.** ⌊_⌋ **2.** ⌊_⌋ **3.** ⌊_⌋ **4.** ⌊_⌋

Comments:

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7- Habitual History

1. Cigarette ⌊__⌋ 2. Hookah ⌊__⌋ 3. Pipe ⌊__⌋ 4. Alcohol Use ⌊__⌋ 5. Drug Abuse ⌊__⌋ *0=Never Used 2= Previous User 1=Current User 9=Unknown*

	Cigarette				Drug Abuse				
	Ave. packs per day	Approx. age started	Approx. age stopped	Pack /Years	Drug Type	Approx. age started	Approx. age stopped	Way of usage	
1									*1.Inhalation 2.Ingestion 3.Chew 4.Snuff 5.Injection*
2									
3									
4									
5									
6					*1. Opium 2. Heroin 3. Grass 4.Cannabis 5.Ecstasy 6.Others*				

Comments:

8- Diagnosis Identification

1. Date of 1st Diagnosis ⌊__⌋⌊__⌋//⌊__⌋⌊__⌋//⌊__⌋⌊__⌋ 2. 1st Diagnosis ⌊__⌋⌊__⌋ *51=.UC 52=CD 53=Bowel inflammation* 3. Age at Diagnosis ⌊__⌋⌊__⌋⌊__⌋ 4. Marital Status at Diagnosis ⌊__⌋ *1= Single 2= Married 3= Separated 4= Divorced 5= Widowed 9= Unknown*

5. Place of Residence at Diagnosis 1. City ..... 2. State..... 3. Country .....

Comments:

9- Symptoms & Signs at Onset

1. Date of onset of Symptoms ⌊__⌋⌊__⌋⌊__⌋⌊__⌋//⌊__⌋⌊__⌋//⌊__⌋⌊__⌋ 2. Age at Onset ⌊__⌋⌊__⌋⌊__⌋

1=Yes 0=No 9=Unknown

1. Abdominal Pain ⌊__⌋ 2. Abdominal Tenderness ⌊__⌋ 3.Abdominal mass ⌊__⌋ 4.Weight loss ⌊__⌋
5.Weakness/fatigue ⌊__⌋ 6.Nausea/vomiting ⌊__⌋ 7.Anorexia ⌊__⌋ 8.Tenesmus ⌊__⌋
9.Diarrhea ⌊__⌋ 10.Bloody Diarrhea ⌊__⌋ 11. Hematochesia ⌊__⌋ 12. Fever =T>38.5 ⌊__⌋
13. 13.Fever =T<38.5 ⌊__⌋ 14. Fecal Incontinence ⌊__⌋ 15. Melena ⌊__⌋ 16.Constipation ⌊__⌋
17.Urgency ⌊__⌋ 18. Anal Pain ⌊__⌋ 19.Icter ⌊__⌋ 20. Pruritus ⌊__⌋
21.Anal Fistula ⌊__⌋ 22.Perianal Abscess ⌊__⌋
23.No. Of Defecation/Day……..

Comments:

10- Past Drug History

Drug list:

1=Yes 0=No 9=Unknown

1.Mezalazine ⌊__⌋ 2.Asacol ⌊__⌋ 3.Asacol Enema ⌊__⌋ 4.Asacol Suppository ⌊__⌋
5.Pentasa ⌊__⌋ 6.Pentasa Supp ⌊__⌋ 7.Sulfasalazine ⌊__⌋ 8.Budezonide ⌊__⌋
9.Ciprofloxacin ⌊__⌋ 10.Bismuth ⌊__⌋ 11.Methotrexate ⌊__⌋ 12.MMF ⌊__⌋
13.Colofac ⌊__⌋ 14.Colpermin ⌊__⌋ 15.Nortriptyline ⌊__⌋ 16.Doxepin ⌊__⌋
17.UDCA ⌊__⌋ 18.Azathioprine ⌊__⌋ 19.Prednizolone ⌊__⌋ 20.Hydrocortizone sodium
phosphate ⌊__⌋ 21.Cyclosporine ⌊__⌋ 22.Cortenema ⌊__⌋ 23.Metronidazole ⌊__⌋
24.Ferrous sulfate ⌊__⌋ 25.Folic acid ⌊__⌋ 26.Calcium ⌊__⌋ 27.Vit-D ⌊__⌋
28.Infliximab ⌊__⌋ 29.Adalimumab ⌊__⌋ 30.Other Drugs ⌊__⌋

Comments:

11- Death Information

1. Date of Death ⌊__⌋⌊__⌋⌊__⌋⌊__⌋//⌊__⌋⌊__⌋//⌊__⌋⌊__⌋ 2. Cause of Death ……

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Visit Date ⌊_⌋⌊_⌋⌊_⌋⌊_⌋//⌊_⌋⌊_⌋//⌊_⌋⌊_⌋ ***Next Visit Date*** ⌊_⌋⌊_⌋⌊_⌋⌊_⌋//⌊_⌋⌊_⌋//⌊_⌋⌊_⌋

Patient ID Number ⌊_⌋⌊_⌋//⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ***RCGLD Serial Number*** ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

1. First Name: ..... 2. Last Name: .....

1- Symptoms & Signs

1. Abdominal Pain ⌊_⌋	*2.* Abdominal Tenderness ⌊_⌋	*3.*Abdominal mass ⌊_⌋	*4.*Weight loss ⌊_⌋
*5.*Weakness/fatigue ⌊_⌋	*6.*Nausea/vomiting ⌊_⌋	*7.*Anorexia ⌊_⌋	*8.*Tenesmus ⌊_⌋
*9.*Diarrhea ⌊_⌋	*10.*Bloody Diarrhea ⌊_⌋	*11.* Hematochesia ⌊_⌋	*12.* Fever =T>38.5 ⌊_⌋
*13. 13.*Fever =T<38.5 ⌊_⌋	*14.* Fecal Incontinence ⌊_⌋	*15.* Melena ⌊_⌋	*16.*Constipation ⌊_⌋
*17.*Urgency ⌊_⌋	*18.* Anal Pain ⌊_⌋	*19.*Icter ⌊_⌋	*20.* Pruritus ⌊_⌋
*21.*Anal Fistula ⌊_⌋	*22.*Perianal Abscess ⌊_⌋	*23.*No. Of Defecation/Day……..	

1=Yes 0=No 9=Unknown

Comments:

2- Complications

1. Eye:	1.Conjunctivitis ⌊_⌋	2.Iritis ⌊_⌋	3.Episcleritis ⌊_⌋	**1=Yes 0=No 9=Unknown**
2. Skin & Mucosa:	1.Pyoderma Gang. ⌊_⌋	2.Erythema Nod. ⌊_⌋	3.Oral Candidiasis ⌊_⌋	4. Aphtus ⌊_⌋
3. Musculoskeletal :	1. Wrist Arthritis ⌊_⌋	2.Hip Arthritis ⌊_⌋	3. Knee Arthritis ⌊_⌋	4. Ankle Arthritis ⌊_⌋
	5. Osteoporosis ⌊_⌋	6. Axial Arthritis ⌊_⌋	7. Spondylitis ⌊_⌋	8. Sacroilitis ⌊_⌋
4. Liver and Biliary :	1. Sclerosing Cholangitis ⌊_⌋		2. Cholelithiasis ⌊_⌋	
	3. NASH/NAFLD ⌊_⌋		4. CBD stone ⌊_⌋	
5. Intestinal :	1.Dysplasia ⌊_⌋	2. Pouchitis ⌊_⌋	3. Perforation ⌊_⌋	4. Toxic Mega Colon ⌊_⌋
	5. Fistula ⌊_⌋	6. Stenosis ⌊_⌋	7. Colon Cancer ⌊_⌋	8. Severe bleeding ⌊_⌋
6. Urinary Tract :	1. Renal stone ⌊_⌋	2.Obstruction ⌊_⌋		
7.Others :	1.Myocarditis ⌊_⌋	2.Pleuropericarditis ⌊_⌋	3.Endocarditis ⌊_⌋	4.Thromboembolic Dis. ⌊_⌋

Comments:

3- Determine Any Other Changes

1. Drug use ⌊_⌋	2. Hospitalization ⌊_⌋	3. New Diseases ⌊_⌋	4. Habits ⌊_⌋	**1=Yes 0=No 9=Unknown**
5. Endoscopy ⌊_⌋	6. Pathology ⌊_⌋	7. Lab ⌊_⌋	8. X-Ray ⌊_⌋	

Comments:

Registrar: …….. Reviewer: …… Operator: ……

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General Information

- **Ulcerative Colitis Activity Index**

Scores	0	1	2	3
1. Stool Frequency	*Normal Number of Stools for Patient*	*1 to 2 Stools per Day more than Normal*	*3 to 4 Stools more than Normal*	*>= 5 Stools more than Normal*
2. Rectal Bleeding	*No Blood Seen*	*Streaks of Blood with Stool less than half the time*	*Obvious Blood with Stool most of the time*	*Blood alone passes*
3. Endoscopic Findings	*Normal or inactive disease*	*Mild Disease*	*Moderate Disease*	*Severe Disease*
4. Physician's Global Assessment	*Normal*	*Mild Disease*	*Moderate Disease*	*Severe Disease*
Total score (sum of the item scores) =				

- **Crohn's Disease Activity Index**

Variables		Multiplication Factor	
1. No. of liquid or soft stools *(each day for seven days)*		**2**	
2. Abdominal pain *(0=none 1=mild 2=moderate 3=sever)*		**5**	
3. General well being *(0=generally well 1=slightly under par 2=poor 3=very poor 4=terrible)*		**7**	
4. No. of complications: • *Arthralgia or arthritis* ☐ • Aphthous or stomatitis ☐ • Erythema nodosum ☐ • Pyoderma gangrenosum☐ • Anal fissure, fistula or abscess ☐ • Other fistula ☐ • TM > 37.8° C during last week ☐ • Iritis or uveitis ☐		**20**	
5. Use of opiates for diarrhea *(0=no, 1=yes)*		**30**	
6. Abdominal mass *(0=none 2=questionable 5=definite)*		**10**	
7. Hematocrit *(47-Hct in men, 42-Hct in women)*		**6**	
8. Percentage deviation below standard weight		**1**	
CDAI score =			

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Patient ID Number ⌊_⌋⌊_⌋//⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ***RCGLD Serial Number*** ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

1. First Name: ..... **2.** Last Name: .....

Endoscopy

Date: ⌊_⌋⌊_⌋⌊_⌋⌊_⌋//⌊_⌋⌊_⌋//⌊_⌋⌊_⌋

Endoscopy **1**=*Normal*☐ *2=Abnormal*☐ **Endoscopist:**.....

1=Yes 0=No 9=Unknown

1. Vascular Patterns ⌊_⌋ **2.** Mucusal /Submucosal Infiltration ⌊_⌋ **3.**Mucosal Erythema ⌊_⌋ **4.**Mucosal bleeding ⌊_⌋

5. Mucsal Ulcers ⌊_⌋ *if yes* Aphtus ☐ Longitudinal ☐ Transverse☐ Linear☐

6. Extention of disease ***1*. Oral Cavity** ⌊_⌋ ***2*. Stomach** ⌊_⌋ ***3*. Duodenum** ⌊_⌋ ***4*.Terminal Ileum** ⌊_⌋ ***5*. Cecum** ⌊_⌋

***6*. Right Colon** ⌊_⌋ ***7*.Transverse colon** ⌊_⌋ ***8*. Left Colon** ⌊_⌋ ***9*. Sigmoid** ⌊_⌋ ***10*.Rectum** ⌊_⌋

7.Cobble Stone Appearance ⌊_⌋ **8.** Pseudo-Polyps ⌊_⌋ **9.** Friability ⌊_⌋ **10.** Fistulous Tract ⌊_⌋

11. Stenosis ⌊_⌋ **12.**Skip Area ⌊_⌋ **13.** Granularity ⌊_⌋ **14.** Diffuse Erythema ⌊_⌋

15. Local Abscess ⌊_⌋ **16.**Stricture ⌊_⌋

17. Biopsy Taken From : ***1*. Oral Cavity** ⌊_⌋ ***2*. Stomach** ⌊_⌋ ***3*. Duodenum** ⌊_⌋ ***4*.Terminal Ileum** ⌊_⌋ ***5*. Cecum** ⌊_⌋

***6*. Right Colon** ⌊_⌋ ***7*.Transverse colon** ⌊_⌋ ***8*. Left Colon** ⌊_⌋ ***9*. Sigmoid** ⌊_⌋ ***10*.Rectum** ⌊_⌋

Comments:

Pathology

Date: ⌊_⌋⌊_⌋⌊_⌋⌊_⌋//⌊_⌋⌊_⌋//⌊_⌋⌊_⌋

Pathology **1**=*Normal*☐ *2=Abnormal*☐ **Pathologist:**.....

1=Yes 0=No 9=Unknown

1. Distortion ⌊_⌋ **2.**Cryptitis ⌊_⌋

3.Mucosal/Submucosal Infiltration ⌊_⌋ *if yes* Neutrophil ☐ Lymphocyte ☐ Plasmacell ☐ Macrophage ☐

4.Glandular Atrophy ⌊_⌋ **5.**Cryptal Abscess ⌊_⌋ **6.**Crypt Atrophy ⌊_⌋

7.Crypt Branching ⌊_⌋ **8.**Mucosal Pseudovillus infiltration ⌊_⌋ **9.** Granuloma Formation ⌊_⌋

10. Goblet Cell Depletion ⌊_⌋ **11.**Vascular Congestion ⌊_⌋ **12.**Focal Hemorrhage ⌊_⌋

13. Fibrosis ⌊_⌋ **14.** Abnormal Crypt Architecture ⌊_⌋ **15.**Edematous Mucosa ⌊_⌋

16. Dysplasia ⌊_⌋ **17.** Neoplasia ⌊_⌋ **18.**Polyps ⌊_⌋

Comments:

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1. First Name: ..... 2. Last Name: .....

	Drug name	Start Date *yyyy/mm/dd*	End Date *yyyy/mm/dd*	Duration Of Use	Intolerance		Dose (mg/Day)
					1=Yes,0=No 9=Unknown	Cause	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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Patient ID Number ⌊_⌊_⌊_//⌊_⌊_⌊_⌊_⌊_⌋ ***RCGLD Serial Number*** ⌊_⌊_⌊_⌊_⌊_⌋

1. First Name: ..... 2. Last Name: .....

1-Hospital Admission

((Specially for Colectomy or Appendectomy)

	Date	Reason	Surgery(Y/N)	Duration(days)	Hospital Name	ID No.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

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2-Doctor Visit (New Medical History)

	Date	Reason	Doctor Name	Specialty
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
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25				

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Patient ID Number ⌊_⌋⌊_⌋//⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ***RCGLD Serial Number*** ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

1.Small Bowel Follows Through

Date: ⌊_⌋⌊_⌋⌊_⌋⌊_⌋//⌊_⌋⌊_⌋//⌊_⌋⌊_⌋

Small bowel follows through 1=*Normal*☐ 2=*Abnormal*☐ **Radiologist:**..... **1=Yes 0=No 9=Unknown**

1. Ulcers ⌊_⌋ 2. Strictures ⌊_⌋ 3.Mucosal Irregularity ⌊_⌋
4.Mucosal Edema ⌊_⌋ 5.Mass ⌊_⌋ 6.Fistula ⌊_⌋

Comments:

2.Barium Enema

Date: ⌊_⌋⌊_⌋⌊_⌋⌊_⌋//⌊_⌋⌊_⌋//⌊_⌋⌊_⌋

Barium Enema 1=*Normal*☐ 2=*Abnormal*☐ **Radiologist:**..... **1=Yes 0=No 9=Unknown**

1.Ulcers ⌊_⌋ 2.Skip areas ⌊_⌋ 3.Cobble stone appearance ⌊_⌋ 4. Mucosal Irregularity ⌊_⌋
5. Stricture ⌊_⌋ 6. Mucosal Edema ⌊_⌋ 7.Mass ⌊_⌋ 8.Fistula ⌊_⌋ 9.Filling Defect ⌊_⌋

Comments:

3.Plain Abdominal X – Ray

Date: ⌊_⌋⌊_⌋⌊_⌋⌊_⌋//⌊_⌋⌊_⌋//⌊_⌋⌊_⌋

Plain Abdominal X – Ray 1=*Normal*☐ 2=*Abnormal*☐ **Radiologist:**..... **1=Yes 0=No 9=Unknown**

1. Small Intestine Dilatation ⌊_⌋ 2. Large Intestine Dilatation ⌊_⌋ 3. Air Fluid Level ⌊_⌋

Comments:

1.Small Bowel Follows Through

Date: ⌊_⌋⌊_⌋⌊_⌋⌊_⌋//⌊_⌋⌊_⌋//⌊_⌋⌊_⌋

Small bowel follows through 1=*Normal*☐ 2=*Abnormal*☐ **Radiologist:**..... **1=Yes 0=No 9=Unknown**

1. Ulcers ⌊_⌋ 2. Strictures ⌊_⌋ 3.Mucosal Irregularity ⌊_⌋
4.Mucosal Edema ⌊_⌋ 5.Mass ⌊_⌋ 6.Fistula ⌊_⌋

Comments:

2.Barium Enema

Date: ⌊_⌋⌊_⌋⌊_⌋⌊_⌋//⌊_⌋⌊_⌋//⌊_⌋⌊_⌋

Barium Enema 1=*Normal*☐ 2=*Abnormal*☐ **Radiologist:**..... **1=Yes 0=No 9=Unknown**

1.Ulcers ⌊_⌋ 2.Skip areas ⌊_⌋ 3.Cobble stone appearance ⌊_⌋ 4. Mucosal Irregularity ⌊_⌋
5. Stricture ⌊_⌋ 6. Mucosal Edema ⌊_⌋ 7.Mass ⌊_⌋ 8.Fistula ⌊_⌋ 9.Filling Defect ⌊_⌋

Comments:

3.Plain Abdominal X – Ray

Date: ⌊_⌋⌊_⌋⌊_⌋⌊_⌋//⌊_⌋⌊_⌋//⌊_⌋⌊_⌋

Plain Abdominal X – Ray 1=*Normal*☐ 2=*Abnormal*☐ **Radiologist:**..... **1=Yes 0=No 9=Unknown**

1. Small Intestine Dilatation ⌊_⌋ 2. Large Intestine Dilatation ⌊_⌋ 3. Air Fluid Level ⌊_⌋

Comments:

IBD Registry Worksheet
General Information

Patient ID Number |_|_|_|//|_|_|_|_|_| ***RCGLD Serial Number*** |_|_|_|_|_| 1. First Name: 2. Last Name:

CBC **LFT**

Date	WBC*10^3	Hgb	PLT*10^3	MCV	ESR	CRP	Bili-T	Bili-D	SGOT	SGPT	ALKPH	Ser.Alb	PT	PTT

IBD Registry Worksheet
General Information

Patient ID Number |__|__|//|__|__|__|__| ***RCGLD Serial Number*** |__|__|__|__|__| 1. First Name: 2. Last Name:

Biochemistry **Iron Indices** **Serology**

Date	Na	K	Ca	P	BUN	Creat.	Uric A.	HDL	LDL	Chol.	FBS	Iron	TIBC	Ferritin	Transfer.	ANCA	ASCA	CEA

IBD Registry Worksheet
General Information

Patient ID Number ⌊_⌊_⌊_⌋//⌊_⌊_⌊_⌊_⌋ ***RCGLD Serial Number*** ⌊_⌊_⌊_⌊_⌊_⌋ 1. First Name: 2. Last Name:

U/A **U/C** **S/E** **S/C**

Date	WBC	RBC	Others	Bacteria	Colony Count	WBC	RBC	Occult Blood	Ova & parasite	Others	Bacteria	CMV	C. Diff