**IBD Database and Registry – Patient Questionnaire**

**PLEASE NOTE: YOU ONLY NEED TO DO THIS FORM ONCE FOR US!**

Only for patients with Crohn’s disease and Ulcerative Colitis

Please help us to record accurate data about your illness: we are recording the details of your illness on our database, but you can help to ensure details are correct. Once your information is on our database, we can in the future give you a copy for your records and you can help us keep it up to date.

(Don’t worry if you can’t remember details – we will check your hospital records also)

Date today \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What is your height\_\_\_\_\_\_\_\_\_\_\_

I have:- Crohn’s Ulcerative colitis Unsure

My IBD was diagnosed in:- \_\_\_\_\_\_ Year Unsure

How many months or years had you had symptoms before it was diagnosed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ months Unsure

Do you smoke? Yes Never Gave up \_\_\_\_\_ (year)

Do you have a relative with IBD? Yes No

Do you have any complications of your IBD?

Eg: Eye inflammation, skin rashes, joint problems, liver disease, etc

Give details­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What drugs are you on for your IBD?

**Mention drugs such as**: Prednisolone, Budesonide, Entocort, Budenofalk, Cortiment, Clipper, Mesalazine, Pentasa, Salofalk, Mezavant, Asacol, Octasa, Ipocol, Balsalazide, Azathioprine, Mercaptopurine Methotrexate, Remicade, Inflectra, Humira, Ciclosporin, Tacrolimus, Ustekinumab, Enemas (Predfoam, Asaco l, Salofalk), Suppositories (Salofalk, Asacol, Pentasa)

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| --- |
| IBD Drugs you are taking at the moment |
| **Drug name** | **Dose** | **When did you start it?** |
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|  |  |  |
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| --- |
| IBD drugs you have used in the past and no longer take now |
| **Drug name** | **Dose** | **Date started?** | **Date stopped?** |
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Have you had specific side-effects from any of your IBD drugs?

Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had surgery for your IBD? Yes No

If yes: what operation(s):

|  |  |
| --- | --- |
| Operation | Date of op. (month/year) |
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Other comments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_