Document date*	(automatically generated)
Date of visit*	DD-MM-YYYY

SIGNS AND SYMPTOMS

- Current weight (kg) — xx
- Current height (cm) — xxx

- Mode of onset of symptoms — sudden / gradualy / unknown

- Duration of diarrhea before diagnosis — Less than 3 months / 3-6 months / 6-12 months / 12-24 month / >24 months

- Presence of :

Nightly defecation	Yes / No / Unknown
Urgency. Do you have to stay close to the toilet?	Yes / No / Unknown
Fecal incontinence	Yes / No / Unknown
Abdominal pain	Yes / No / Unknown
If yes: Self-reported severity of abdominal pain	
0 (=none at all) to 10 (=most severe pain)	xx

- Does the patient feel to be functionally impaired? Severe / Moderate / Mild / No / Unk.

  Definition: the extent to which symptoms impair social and occupational functioning

MEDICAL HISTORY PATIENT

- Has an appendectomy been performed? Yes / No / Unknown
- Has a cholecystectomy been performed? Yes / No / Unknown
- Has a (partial) bowel resection been performed? Yes / No / Unknown

FAMILY HISTORY

- Is there a first degree relative (biological parent / child / brother / sister) with:

  Microscopic Colitis Yes / No / Unknown

  IBD (Crohn's / ulcerative colitis) Yes / No / Unknown

  Colorectal cancer Yes / No / Unknown

  Celiac disease Yes / No / Unknown

NICOTINE / ALCOHOL USE

- Does the patient smoke? Current / Former / Never / Unknown

  If current: How many units per day? 0-10 / 10-20 / >20
- Does the patient use alcohol? Yes / No / Unknown

  If yes: daily / weekly / occasionally / never

DISEASE ACTIVITY

- Is there active disease according to the patient? Yes / No
- Is there active disease according to you? (Physician's assessment!) Yes / No

- Is a patient dairy available? Yes / no

  If yes:

- Number of registered days x
- Total number of registered stools xx
- Total number of watery stools (=Bristol 7) xx

If no:

- Patient reported number of daily stools (last 2 days) xx
- Patient reported number of daily watery stools (last 2 days) xx
- Unknown

SHS-SCORE

- SHS-SCORE available? Yes / No

If Yes

- Date SHS is filled out DD-MM-YYYY
- Question 1 in mm xxx
- Question 2 in mm xxx
- Question 3 in mm xxx
- Question 4 in mm xxx

TREATMENT AND DRUG USE

- What is the current treatment strategy? Induction therapy / maintenance therapy / tapering / on demand / no treatment

- Select current MC treatment:

None

Steroids:	Beclomethasone / Budesonide / Prednisone systemic / Prednisone local
Mesalazine:	Mesalazine systemic / Mesalazine local
Immunomodulators:	Azathioprine / 6-Mercaptopurine / other thiopurines / Methotrexate
Biologicals:	Infliximab / Adalumimab / other biologicals
Bile acid binders:	Cholestyramine / other bile acid binder
Antidiarrheals	Loperamide / (Dietry) Fibers / Bismuth Salicylate
Antibiotics :	Antibiotic
Other:	Probiotics / Blinded study drug / surgery / other

- Report any other medication used at diagnosis (generic drug names)

DIAGNOSIS

• Is it a new or established diagnosis?*	New / established
• Date of the diagnostic endoscopy	DD-MM-YYYY
• Type of endoscopy procedure during which the diagnosis was established	Full ileocolonoscopy / colonoscopy / sigmoidoscopy / proctoscopy
• Main indication for diagnostic endoscopy	acute non-bloody diarrhea / persistent non-bloody diarrhea / bloody diarrhea / rectal bleeding / colon cancer screening /abdominal pain / study / other
• Were there any macroscopic findings at endoscopy?	Yes / No / Unknown

WHICH DIAGNOSTICS ARE PERFORMED?

• Microbial (SSCY) culture	Pos / Neg / Unperformed / Unknown
• Clostridium difficile(culture or toxins)	Pos / Neg / Unperformed / Unknown
• Parasites (PCR or microscopy)	Pos / Neg / Unperformed / Unknown
• Celiac disease Serology (anti TTG)	Pos / Neg / Unperformed / Unknown
• Lactose intolerance testing (H2-breath test)	Pos / Neg / Unperformed / Unknown
• Bile acid diarrhea	Pos / Neg / Unperformed / Unknown

MEDICAL HISTORY AT DIAGNOSIS

	Disease	Does the patient currently have this disease?		Is the patient treated for this disease?		Is the patient functionally impaired by this disease?	
		Yes	No	Yes	No	Yes	No
Metabolic Disorder	Diabetes mellitus	☒	☐	☐	☐	☐	☐
	Hypercholesterolemia	☐	☐	☐	☐	☐	☐
Infectious diseases	HIV/AIDS	☐	☐	☐	☐	☐	☐
	Hepatitis B / C	☐	☐	☐	☐	☐	☐
Neurological disorders	Epilepsy	☐	☐	☐	☐	☐	☐
	Migraine	☐	☐	☐	☐	☐	☐
	M. Parkinson	☐	☐	☐	☐	☐	☐
	Hearing impairment	☐	☐	☐	☐	☐	☐
	Severe vision impairment	☐	☐	☐	☐	☐	☐
Cardiovascular diseases	Arterial hypertension	☐	☐	☐	☐	☐	☐
	Ischemic / haemorrhagic stroke	☐	☐	☐	☐	☐	☐
	Coronary heart disease	☐	☐	☐	☐	☐	☐
	Heart failure	☐	☐	☐	☐	☐	☐
	Cardiac arrhythmia	☐	☐	☐	☐	☐	☐
	Valve dysfunction	☐	☐	☐	☐	☐	☐
Lung disease	Asthma	☐	☐	☐	☐	☐	☐
	COPD	☐	☐	☐	☐	☐	☐
Dermatological diseases	psoriasis	☐	☐	☐	☐	☐	☐
	Constitutional eczema	☐	☐	☐	☐	☐	☐
Chronic kidney disorder	Chronic kidney failure	☐	☐	☐	☐	☐	☐

	Other	☐	☐	☐	☐	☐	☐
Chronic liver disorder	Alcohol related	☐	☐	☐	☐	☐	☐
	other	☐	☐	☐	☐	☐	☐
Musculoskeletal disorder	Rheumatoid arthritis	☐	☐	☐	☐	☐	☐
	Spondyl arthropathy	☐	☐	☐	☐	☐	☐
	Osteoporosis	☐	☐	☐	☐	☐	☐
	Peripheral arthritis	☐	☐	☐	☐	☐	☐
	Chronic neck or back pain	☐	☐	☐	☐	☐	☐
Thyroid disorder	Hypothyroidism	☐	☐	☐	☐	☐	☐
	Hyperthyroidism	☐	☐	☐	☐	☐	☐
Gastrointestinal disorder	Reflux oesophagitis	☐	☐	☐	☐	☐	☐
	Functional dyspepsia	☐	☐	☐	☐	☐	☐
	Irritable bowel disorder	☐	☐	☐	☐	☐	☐
	Inflammatory bowel disease	☐	☐	☐	☐	☐	☐
	Celiac disease	☐	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐	☐
Other unmentioned immunological disorders		☐	☐	☐	☐	☐	☐
Mental disorder	Mental disability	☐	☐	☐	☐	☐	☐
	Dementia	☐	☐	☐	☐	☐	☐
	Drug addiction	☐	☐	☐	☐	☐	☐
	Alcohol addiction	☐	☐	☐	☐	☐	☐
	Mood disorder	☐	☐	☐	☐	☐	☐

	Panic disorder	☐	☐	☐	☐	☐	☐
	Burn out	☐	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐	☐
Cancer		Was the patient ever diagnosed with cancer?					
		Yes	No				
	Colorectal cancer	☐	☐				
	Lung cancer	☐	☐				
	Breast cancer	☐	☐				
	Non Hodgkin Lymphoma	☐	☐				
	Melanoma	☐	☐				
	Non melanoma skin cancer	☐	☐				
	Prostate carcinoma	☐	☐				
	Cervix carcinoma	☐	☐				
	Other	☐	☐				