FOLLOW-UP VISIT

Follow-up visit	(Automatically generated)
Document Date	(automatically generated)
Date of Visit	DD-MM-YYYY

SIGNS AND SYMPTOMS

- Current weight in kg xx

- 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

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

Was there any disease activity since the last visit, according to the patient?	Yes / No / Unk
Is there active disease at the moment, according to the patient?	Yes / No / Unk
Is there active disease at the moment, according to you? (Physician's ass.)	Yes / No / Unk.

Patient diary 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

COMORBIDITY

Has a new disease been diagnosed since last visit? Yes / No / Unknown

If yes: open most recent table for complementation

	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	☐	☐	☐	☐	☐	☐
	Hyperthyroidisms	☐	☐	☐	☐	☐	☐
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	☐	☐				

TREATMENT AND DRUG USE

- Did you change treatment at this visit? Yes / No

  If yes:

STOPPED TREATMENT

What was the stopped treatment strategy? Induction therapy / maintenance therapy / on demand / no treatment

Select the treatment that will be stopped:

None

Steroids: Beclomethasone / Budesonide / Prednisone systemic / Prednisone local

Mesalazine: Mesalazine systemic / Mesalazine local

Immunomodulators: Azathioprine / Other thiopurines / Methotrexate

Biologicals: Infliximab / Adalumimab / Other biologicals

Other: Antibiotics / Bismuth Salicylate / Cholestyramine / (Dietary) Fibers / Loperamide / Probiotics / Blinded study drug / other

Last dosage (in mg) xxxx

Stop date DD-MM-YYYY

Reason for stop Change of dose / Lack of efficacy / intolerance or side-effects/ new contra-indication / remission / patient's choice

NEW TREATMENT

- What is the new 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) (automatically copy last drug list for adjustments)

ENDOSCOPY

Has a new colonoscopy been performed since last visit?	Yes / No / Unknown
If yes:	
• Date of the new endoscopy	MM-YYYY
• What type of endoscopy was performed?	Full ileocolonoscopy / colonoscopy / sigmoidoscopy / proctoscopy
• Main indication for the new 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 the most recent endoscopy since last visit?	Yes / No / Unknown
• Is there new histology available?	Yes / No / Unknown
If yes: fill out a pathology form as well!	
• Is the diagnosis different from the last visit?	Yes / No / Unknown
If yes:	
What is the diagnosis based on the new histology?	CC / LC / MCi / undefined / Normal

GASTROINTESTINAL SURGERY

- Has gastrointestinal surgery been performed since last visit? Yes / No / Unknown

  If yes:

  - Was MC the indication for surgery? Yes / No / Unknown
  - Was the surgery performed as treatment? Yes / No / Unknown

HOSPITALIZATION

- Has the patient been hospitalized since last visit? Yes / No / Unknown
- If yes: Was the hospitalization MC-related? Yes / No / Unknown