

# NZPSU STUDY OF INFLAMMATORY BOWEL DISEASE (IBD)

Completed by .....

Date of Report \_\_\_\_/\_\_\_\_/\_\_\_\_

1. First 2 letters of child's family name  First 2 letters of first name

2. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex

3. Ethnicity of child and parents (more than one ethnicity can be indicated for each person)

	Child	Child's biological mother	Child's biological father
European/Pakeha			
Maori			
Pacific island - specify			
Other - specify			

4. Area of home residence of child .....

5. What is the diagnosis? (tick one only)

Crohn's disease ☐ Ulcerative colitis ☐ Indeterminate colitis ☐

6. Has the diagnosis been confirmed by histology? Yes ☐ No ☐

7. When were symptoms first noticed by child or parents?

Month ...../Year ..... or Child's age .....years ..... month

8. When did symptoms first cause presentation to GP or other doctor?

Month ...../Year ..... or Child's age .....years ..... month

9. When was the of IBD diagnosis made? Month ...../Year .....

10. What were the three main presenting symptoms or signs?

Abdominal pain ☐ Weight loss ☐ Bleeding PR ☐ Lethargy ☐ Diarrhoea ☐

Anorexia ☐ Other symptoms/signs ☐ - specify.....

11. Blood parameters at diagnosis

Hb \_\_\_\_\_ Platelets \_\_\_\_\_ White cell count \_\_\_\_\_ Albumin \_\_\_\_\_ gm/L  
ESR \_\_\_\_\_ mm/hr CRP \_\_\_\_\_ Ferritin \_\_\_\_\_

12. Height, weight and pubertal status at diagnosis?

Height \_\_\_\_\_ cm Weight \_\_\_\_\_ kg Pubertal (Tanner) stage \_\_\_\_\_

13. Disease activity (clinical, radiological or histological) at diagnosis (put one tick for each site)

	Yes	No	Not examined		Yes	No	Not examined
Mouth				Right colon			
Oesophagus				Transverse colon			
Gastroduodenum				Left/sigmoid colon			
Jejunum				Rectum			
Ileum				Perianal area			

*Please turn over*

14. Diagnostic tests performed? (one tick for each test)

	Yes	No	Don't know		Yes	No	Don't know
Upper endoscopy				Sigmoidoscopy			
Barium Meal & F/T				Small bowel enema			
Barium enema				Barium enema			
Colonoscopy				White cell scan			

15. What treatment has been decided on?

Drug Therapy ☐

Surgery ☐

Diet ☐

Other ☐

16. When was treatment first started? Month ...../Year .....

17. If drug treatment has been started please complete each row

	Yes	No	If used Month/Year started
Topical ASA derivatives (sulphasalazine etc.)			...../.....
Topical steroids			...../.....
Systemic ASA derivatives (sulphasalazine etc.)			...../.....
Systemic steroids			...../.....
Aziathioprine			...../.....
Cyclosporin			...../.....
Metronidazole			...../.....
Other – specify .....			...../.....

If azathioprine/mercaptopurine used what were the indications?

.....

18. Has surgery been required? Yes ☐ No ☐ If 'Yes' please show indications

	Yes	No	If 'Yes' on how many occasions
Medical intractability			
Intestinal obstruction			
Internal fistula			
Peri-anal disease			
Acute perforation			
Re-anastomosis			
Toxic megacolon			
Growth failure			
Cancer prophylaxis			
Other (specify .....			

19. Has dietary treatment been under taken?

No ☐

Yes ☐ – specify .....

20. Has other treatment been under taken?

No ☐

Yes ☐ – specify .....

21. Who are involved in the management of this patient? (tick all that apply)

Paediatric gastroenterologist ☐

General paediatrician ☐

Paediatric surgeon ☐

Adult gastroenterologist ☐

Adult surgeon ☐

22. Does the child have any of these extra-intestinal problems? (tick all that apply)

Liver disease ☐

Fistula ☐

Joint disease ☐

Other ☐ - specify.....

23. Is there a family history of IBD? (tick one only)

No ☐

Yes ☐ – specify .....Don't know ☐

**Thank you for completing this questionnaire. Please now return to: Dr Alison Wesley,  
Starship Children's Hospital, Private Bag 92024, Auckland. Tel 09 307 4949 (ext 6480), Fax 09 307 4913**