Legacy Indicator

Consortium ID	_____
Check here if patient was recruited under the original CD ileal protocol:	☐ Legacy patient

Recruitment

Meets all eligibility requirements?	◯ Yes ◯ No (Please refer to the Eligibility and Recruitment section of the SOP to confirm that patient meets all eligibility requirements.)
Consent obtained?	◯ Yes ◯ No
Recruitment timepoint	◯ Pre-surgery* ◯ Post-surgical visit ◯ First post-surgical endoscopy (* For use only by GRCs collecting surgical and/or PBMC samples)
Recruitment date:	_____
Diet ID:	_____ (Once a Diet ID has been obtained, please contact PSDAC to inform them that a new patient has been recruited and to provide them with the Diet ID.)

Registration And Demographics

Registration Information

Father's Consortium ID

_____

Mother's Consortium ID

_____

Child's Consortium ID (if parent)

_____

Demographic and Early Childhood Information

Hispanic?

- ◯ Yes
- ◯ No
- ◯ Unknown

Jewish?

- ◯ Yes
- ◯ No
- ◯ Unknown

Is grandparent Jewish?

	Yes	No	Unknown
Paternal grandfather	◯	◯	◯
Paternal grandfather Ashkenazi?	◯	◯	◯
Paternal grandmother	◯	◯	◯
Paternal grandmother Ashkenazi?	◯	◯	◯
Maternal grandfather	◯	◯	◯
Maternal grandfather Ashhkenazi?	◯	◯	◯
Maternal grandmother	◯	◯	◯
Maternal grandmother Ashkenazi?	◯	◯	◯

Race

- ◯ White
- ◯ Black/African American
- ◯ Asian
- ◯ American Indian/Alaskan Native
- ◯ Native Hawaiian/Pacific Islander
- ◯ Unknown
- ◯ Other (specify below)

Specify race:

_____

Birth order

◯ 1st
◯ 2nd
◯ 3rd
◯ 4th
◯ 5th
◯ 6th
◯ >6th
◯ Unknown

Breast fed?

◯ Yes
◯ No
◯ Unknown

Duration of breastfeeding (months): _____

Age at weaning (months): _____

Family History of IBD

	CD	UC/IC	IBD affected (type unclear)	Unaffected	Unknown
Father	◯	◯	◯	◯	◯
Mother	◯	◯	◯	◯	◯

Check here if no siblings: ☐ No siblings

Number of siblings with CD: _____

Number of siblings with UC/IC: _____

Number of siblings who are IBD affected (type unclear): _____

Number of siblings unaffected: _____

Number of siblings with unknown IBD status: _____

Check here if no children: ☐ No children

Number of children with CD: _____

Number of children with UC/IC: _____

Number of children who are IBD affected (type unclear): _____

Number of children unaffected:

_____

Number of children with unknown IBD status:

_____

Family history of IBD in 2nd degree relatives?

◯ Yes
◯ No
◯ Unknown

Indicate family type:

◯ CD
◯ UC
◯ Mixed
◯ Unknown

Smoking Status at Diagnosis

Smoking status at diagnosis:

◯ Yes
◯ Ex-smoker
◯ No
◯ Unknown

Smoking Status at Time of Index Surgery

Smoking status at time of index surgery:

◯ Yes
◯ Ex-smoker
◯ No
◯ Unknown

Year started smoking:

_____

Year stopped smoking:

_____

Number of cigarettes per day (1 pack = 20 cigarettes):

_____

Check here if number of cigarettes per day is unknown:

☐ Unknown

BMI at Time of Recruitment

Height:

_____

Height unit:

◯ inches
◯ centimeters

If height is unknown, please check this box:

☐ Height unknown

Weight:

_____

Weight unit:

◯ pounds
◯ kg

If weight is unknown, please check this box:	☐ Weight unknown
Smoking status (at time of recruitment, migrated from original study)	◯ Current smoker ◯ Ex-smoker ◯ Non-smoker ◯ Unknown
Year started smoking (at time of recruitment, migrated from original study)	_____ (YYYY)
Year stopped smoking (at time of recruitment, migrated from original study)	_____ (YYYY)
Number of cigarettes per day (at time of recruitment, migrated from original study)	_____ ((1 pack = 20 cigarettes))
Please check this box if the number of cigarettes per day is unknown (at time of recruitment, migrated from original study)	☐ Unknown

Operative and Pathology Reports

Date of index resectional surgery: _____

Pre-operative Imaging Report(s)

Note that these upload fields are for imaging REPORTS, but not for the images themselves.

Date of imaging report _____

Type of imaging
◯ MR
◯ CT
◯ Other

Upload an anonymized copy of the imaging report

Date of imaging report _____

Type of imaging
◯ MR
◯ CT
◯ Other

Upload an anonymized copy of the imaging report

Date of imaging report _____

Type of imaging
◯ MR
◯ CT
◯ Other

Upload an anonymized copy of the imaging report

Operative and Pathology Report Uploads

Upload an anonymized copy of the operative report

Upload an anonymized copy of the pathology report

Operative or pathology report uploaded in old study ☐ Operative or pathology report uploaded in old study

Operative or pathology report uploaded in old study ☐ Operative or pathology report uploaded in old study

Operative and Pathology Report Review

Date of operative report	_____ (MM-DD-YYYY)
Findings at surgery based on operative and pathology reports. Check all that apply. Pathology findings trump operative findings.	☐ Stricture ☐ Fistula ☐ Abscess ☐ None of the above ☐ Unknown
Other procedures performed during ileal resectional surgery	☐ Separate additional small bowel resection ☐ Strictureplasty ☐ Separate colonic resection ☐ Unknown ☐ Other
Type of anastomosis	◯ End-to-end ◯ Side-to-side ◯ End-to-side ◯ Unknown
Anastomosis hand-sewn or stapled?	◯ Hand-sewn ◯ Stapled ◯ Unknown
Length of resection	_____
Check here if resection length is unknown	☐ Length unknown
Appendix present?	◯ Yes ◯ No ◯ Unknown
Proximal surgical margin free of gross inflammation?	◯ Yes ◯ No ◯ Unknown
Granulomas?	◯ Yes ◯ No ◯ Unknown

Endoscopy

Date of endoscopy:	_____
Was endoscopy performed on site or off site?	◯ On site ◯ Off site
Mucosal appearance of neo-terminal ileum at endoscopy (Rutgeerts Score):	◯ i0: No lesions in the distal ileum (Normal) ◯ i1: 5 or fewer aphthous ulcers in the distal ileum ◯ i2a: lesions confined to the ileocolonic anastomosis (including anastomotic stenosis) ◯ i2b: more than 5 aphthous ulcers or larger lesions, with normal mucosa in-between, in the neoterminal ileum (with or without anastomotic lesions) ◯ i3: Diffuse aphthous ileitis with diffusely inflamed mucosa ◯ i4: Large ulcers with diffuse mucosal inflammation or nodules or stenosis in the neoterminal ileum ◯ Unknown
Rutgeerts i2 entered in old project	☐ Rutgeerts i2

Report Uploads

Upload an anonymized copy of the ENDOSCOPY report, including a detailed description of any abnormalities in the colon.	(For redaction instructions, see section of SOP entitled "Redaction of PHI From Uploaded Documents.")
Endoscopy reported uploaded in old study	☐ Endoscopy report uploaded in old study
Upload an anonymized copy of the PATHOLOGY report.	(For redaction instructions, see section of SOP entitled "Redaction of PHI From Uploaded Documents.")
Pathology report uploaded in old study	☐ Pathology reported uploaded in old study
Was a video of the endoscopy obtained?	◯ Yes ◯ No (Store videos locally until further instructed.)

Intestinal Biopsies

Was the neo-terminal ileum intubated with >= 10cm of ileum visualized?	◯ Yes ◯ No ◯ Unknown
If no, was it due to:	◯ Anastomotic stricture ◯ Non-anastomotic stricture ◯ Other reason (specify) ◯ Unknown

Other reason:	_____
Were biopsies taken 5-10cm proximal to the anastomosis?	◯ Yes ◯ No ◯ Unknown
Was a video of the ileocecal region obtained?	◯ Yes ◯ No (If Yes, store video locally until further notice.)

Terminal Ileum Biopsies (taken 5-10cm proximal to the anastomosis in the neo-terminal ileum)

Number of RNAlater tubes (1 bite per tube)	◯ 0 ◯ 1 ◯ 2
RNAlater tube 1 ID:	_____ ((ID from barcode label, starting with SB))
RNAlater tube 2 ID:	_____ ((ID from barcode label, starting with SB))
Number of microbial DNA tubes (1 bite per tube)	◯ 0 ◯ 1 ◯ 2
Microbial DNA tube 1 ID:	_____ ((ID from barcode label, starting with SB))
Microbial DNA tube 2 ID:	_____ ((ID from barcode label, starting with SB))
Biopsies sent to pathology?	◯ Yes ◯ No ◯ Unknown
If no, biopsies for histology (x2):	◯ None ◯ 1 ◯ 2
Histology biopsy 1 ID:	_____ ((from barcode label))

Colonic biopsies (taken 10 cm distal to the anastomosis)

Number of RNAlater tubes
(1 bite per tube)

◯ 0
◯ 1
◯ 2

RNAlater tube 1 ID:

_____
((ID from barcode label, starting with SB))

RNAlater tube 2 ID:

_____
((ID from barcode label, starting with SB))

Number of microbial DNA tubes
(1 bite per tube)

◯ 0
◯ 1
◯ 2

Microbial DNA tube 1 ID:

_____
((ID from barcode label, starting with SB))

Microbial DNA tube 2 ID:

_____
((ID from barcode label, starting with SB))

Biopsies sent to pathology?

◯ Yes
◯ No
◯ Unknown

If no, biopsies for histology (x2):

◯ None
◯ 1
◯ 2

Histology biopsy 1 ID:

_____
((from barcode label))

Rectum sigmoid biopsies (taken 20 cm from the anal verge)

Number of RNAlater tubes
(1 bite per tube)

◯ 0
◯ 1
◯ 2

RNAlater tube 1 ID:

_____
((ID from barcode label, starting with SB))

RNAlater tube 2 ID:

_____
((ID from barcode label, starting with SB))

Number of microbial DNA tubes
(1 bite per tube)

◯ 0
◯ 1
◯ 2

Microbial DNA tube 1 ID:	_____ ((ID from barcode label, starting with SB))
Microbial DNA tube 2 ID:	_____ ((ID from barcode label, starting with SB))
Biopsies sent to pathology?	◯ Yes ◯ No ◯ Unknown
If no, biopsies for histology (x2):	◯ None ◯ 1 ◯ 2
Histology biopsy 1 ID:	_____ ((from barcode label))

Blood Collection

Check here if patient was recruited at first endoscopy (and you have completed the Blood Collection form in the Recruitment Event). If you check this box and have completed the Blood Collection form in the Recruitment Event, do not complete this form again here.	☐ Patient recruited at first endoscopy
Was blood sample collected prior to the administration of anesthesia?	◯ Yes ◯ No ◯ Unknown
Date samples drawn:	_____
Is this the first blood sample being obtained from this patient for this study?	◯ Yes ◯ No
DNA: Shipped to Feinstein	_____ ((from barcode label))
DNA: Stored locally	_____ ((from barcode label))
PAXgene: Shipped to Feinstein	_____ ((from barcode label))
PAXgene: Stored locally	_____ ((from barcode label))

Serum aliquots (stored locally)

Serum aliquot 1	_____ ((from barcode label))
Volume	◯ 125 ul ◯ 250 ul ◯ 500 ul ◯ other volume (specify below)
Specify other volume (ul)	_____ (ul)
Serum aliquot 2	_____ ((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 3

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 4

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 5

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 6

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 7

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 8

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 9

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 10

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 11

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 12

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 13

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 14

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 15

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 16

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 17

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 18

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 19

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 20

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 21

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 22

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 23

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 24

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 25

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 26

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 27

_____
((from barcode label))

Volume

◯ 125 ul
◯ 250 ul
◯ 500 ul
◯ other volume (specify below)

Specify other volume (ul)

_____
(ul)

Serum aliquot 28

_____
((from barcode label))

Volume	◯ 125 ul ◯ 250 ul ◯ 500 ul ◯ other volume (specify below)
Specify other volume (ul)	_____ (ul)

CBC with differential

Was CBC obtained?	◯ Yes ◯ No
Was CBC completed on the same date blood samples were drawn ("Date samples drawn" above)?	◯ Yes ◯ No
If "No," when was CBC collected?	_____
Please explain why CBC was not obtained:	_____
Upload an anonymized copy of the CBC report.	(For redaction instructions, see section of SOP entitled "Redaction of PHI From Uploaded Documents.")
CBC report uploaded in old study	☐ CBC report uploaded in old study

Disease Location and EIMs

Latest clinical exam/encounter migrated from original study _____

Macroscopic disease location at time of recruitment ([recruit_date])

Note: This would include the ileocolonic disease that was present prior to the surgery, any findings at the time of surgery, and any new disease since then.

	Yes	No	Unknown
Esophagus:	◯	◯	◯
Stomach:	◯	◯	◯
Duodenum:	◯	◯	◯
Upper GI (legacy field):	◯	◯	◯
Jejunum:	◯	◯	◯
Proximal ileum:	◯	◯	◯
Distal ileum:	◯	◯	◯
Terminal ileum:	◯	◯	◯
Ileal (legacy field):	◯	◯	◯
Cecum:	◯	◯	◯
Colon (not including cecum or rectum):	◯	◯	◯
Rectum:	◯	◯	◯
Colorectal (legacy field):	◯	◯	◯
Perianal/Perineal:	◯	◯	◯

Disease behavior at time of recruitment ([recruit_date])

Note that this refers to the maximal disease behavior since diagnosis.

CD disease behavior:

◯ B1
◯ B2
◯ B3
◯ Unknown

Extra-Intestinal Manifestations: Joints

	Yes	No	Unknown
Large joint related to disease activity:	○	○	○
Small joint unrelated to disease activity:	○	○	○
Ankylosing spondylitis:	○	○	○
Sacro-iliitis:	○	○	○
Non-specific joint inflammation:	○	○	○

Extra-Intestinal Manifestations: Skin

	Yes	No	Unknown
Erythema nodosum:	○	○	○
Pyoderma:	○	○	○

Extra-Intestinal Manifestations: Eyes

	Yes	No	Unknown
Uveitis:	○	○	○
Episcleritis:	○	○	○
Undiagnosed ocular inflammation:	○	○	○

Extra-Intestinal Manifestations: Liver

	Yes	No	Unknown
Primary sclerosing cholangitis:	○	○	○

Treatment Prior To Index Surgery

Year in which a definitive diagnosis of IBD was made

_____
(YYYY)

Note: All items on this form refer to the period BEFORE the index resectional surgery.

Surgical Treatment and Hospitalizations Prior to Index Resectional Surgery

Surgery for complication or treatment of CD:

- ◯ Yes
- ◯ No
- ◯ Unknown

	Yes	No	Unknown
Small bowel resection:	◯	◯	◯
Large bowel resection:	◯	◯	◯
Strictureplasty:	◯	◯	◯
Bowel resection/strictureplasty:	◯	◯	◯
Diversion:	◯	◯	◯
Permanent stoma:	◯	◯	◯
Gastroenterostomy:	◯	◯	◯
Abdominal fistula/abscess:	◯	◯	◯
Perineal fistula/abscess:	◯	◯	◯
Surgery for dysplasia/cancer:	◯	◯	◯

Date of first operation (for treatment of IBD):

_____
(MM/YYYY)

If date of first operation is unknown, please check this box:

- ☐ Unknown

Was the operation for abdominal disease (e.g., resection, strictureplasty, abscess drainage) or perineal disease (including diversions)?

- ◯ Abdominal disease
- ◯ Perineal disease

Date of second operation (for treatment of IBD):

_____
(MM/YYYY)

If date of second operation is unknown, please check this box:

- ☐ Unknown

Was the operation for abdominal disease (e.g., resection, strictureplasty, abscess drainage) or perineal disease (including diversions)?

- ◯ Abdominal disease
- ◯ Perineal disease

Most recent surgery date migrated from old study

_____

Total number of abdominal surgeries (migrated from original study)	_____
If number of operations for abdominal disease is unknown, please check this box (migrated from original study).	☐ Unknown
Total number of perineal surgeries (migrated from original study)	_____
If number of operations for perineal disease is unknown, please check this box (migrated from original study).	☐ Unknown
Diagnosis of dysplasia/cancer (colorectal):	◯ Yes ◯ No ◯ Unknown
If yes, year:	_____
If year is unknown, please check this box:	☐ Unknown
Appendectomy:	◯ Yes ◯ No ◯ Unknown
If yes, year:	_____
If year is unknown, please check this box:	☐ Unknown
Hospitalizations since last assessment (for treatment of IBD):	◯ 0 ◯ 1 ◯ 2 or more ◯ Unknown

Medical Therapy Prior to Index Resection Surgery for Treatment of Crohn's Disease

Aminosalicylates used since diagnosis?	◯ Yes ◯ No ◯ Unknown
Aminosalicylates used within 3 months prior to index surgery?	◯ Yes ◯ No ◯ Unknown
Aminosalicylates used up to time of surgery?	◯ Yes ◯ No ◯ Unknown
Aminosalicylates used currently (migrated from original study)	◯ Yes ◯ No ◯ Unknown

Oral corticosteroids used since diagnosis?	◯ Yes ◯ No ◯ Unknown
Oral corticosteroids used within 3 months prior to index surgery?	◯ Yes ◯ No ◯ Unknown
Oral corticosteroids used up to time of surgery?	◯ Yes ◯ No ◯ Unknown
Oral corticosteroids used currently (migrated from original study)?	◯ Yes ◯ No ◯ Unknown
IV corticosteroids used since diagnosis?	◯ Yes ◯ No ◯ Unknown
IV corticosteroids used within 3 months prior to index surgery?	◯ Yes ◯ No ◯ Unknown
IV corticosteroids used up to time of surgery?	◯ Yes ◯ No ◯ Unknown
IV corticosteroids used currently (migrated from original study)?	◯ Yes ◯ No ◯ Unknown
Antibiotics used since diagnosis?	◯ Yes ◯ No ◯ Unknown
Antibiotics used within 3 months prior to index surgery?	◯ Yes ◯ No ◯ Unknown
Antibiotics used up to time of surgery?	◯ Yes ◯ No ◯ Unknown
Antibiotics used currently (migrated from original study)?	◯ Yes ◯ No ◯ Unknown
Immunomodulatory drugs used since diagnosis?	◯ Yes ◯ No ◯ Unknown
Immunomodulatory drugs used within one year prior to index surgery?	◯ Yes ◯ No ◯ Unknown

Immunomodulatory drugs used within 3 months prior to index surgery?	◯ Yes ◯ No ◯ Unknown
Immunomodulatory drugs used up to time of surgery?	◯ Yes ◯ No ◯ Unknown
Immunomodulatory drugs used currently (migrated from original study)?	◯ Yes ◯ No ◯ Unknown
MTX used since diagnosis?	◯ Yes ◯ No ◯ Unknown
MTX used with one year prior to index surgery?	◯ Yes ◯ No ◯ Unknown
MTX used within 3 months prior to index surgery?	◯ Yes ◯ No ◯ Unknown
MTX used up to time of surgery?	◯ Yes ◯ No ◯ Unknown
MTX used currently (migrated from original study)?	◯ Yes ◯ No ◯ Unknown
Enteral nutrition used since diagnosis?	◯ Yes ◯ No ◯ Unknown
Enteral nutrition used within 3 months prior to index surgery?	◯ Yes ◯ No ◯ Unknown
Enteral nutrition used up to time of surgery?	◯ Yes ◯ No ◯ Unknown
Enteral nutrition used currently (migrated from original study)?	◯ Yes ◯ No ◯ Unknown
Anti-TNF used since diagnosis (migrated from original study)?	◯ Yes ◯ No ◯ Unknown
Anti-TNF used currently (migrated from original study)?	◯ Yes ◯ No ◯ Unknown

Infliximab used since diagnosis?	◯ Yes ◯ No ◯ Unknown
Infliximab used within 1 year prior to index surgery?	◯ Yes ◯ No ◯ Unknown
Have you completed induction dosing (infliximab)?	◯ Yes ◯ No
Maximal maintenance dose of infliximab per kg bodyweight (mg/kg) during 1 year prior to surgery	_____
Shortest maintenance dosing interval during 1 year prior to surgery (infliximab)? Every [enter number] weeks	_____ (Every ___ weeks)
Was infliximab taken in combination with azathioprine, 6-MP, or methotrexate at any time in the one year prior to surgery for 8 weeks or longer?	◯ Yes ◯ No ◯ Unknown
Indicate which drug was taken in combination with infliximab at any time one year prior to surgery (for 8 weeks or longer). Check all that apply.	☐ Azathioprine ☐ 6-MP ☐ Methotrexate
Was therapeutic drug monitoring (TDM) performed for infliximab in the one year prior to surgery? (Do not include TDM obtained during treatment induction.)	◯ Yes ◯ No ◯ Unknown
Assay type	◯ Prometheus ◯ Labcorp ◯ Quest ◯ Mayo ◯ Other ◯ Unknown
Specify assay type	_____
Was this a trough level (i.e., drawn within week prior to infusion)?	◯ Yes ◯ No ◯ Unknown
Drug level (mcg/mL)	_____ (mcg/mL)
Enter antibody level (AU/mL):	_____ (AU/mL)
Infliximab used within 3 months prior to index surgery?	◯ Yes ◯ No ◯ Unknown

Date started:	_____ (MM/YYYY)
Date of last dose prior to surgery:	_____ (MM/YYYY)
Most recent dose and schedule:	◯ *Induction* 5 mg/kg IV at 0, 2, and 6 weeks ◯ 5 mg/kg IV every 4 weeks ◯ 5 mg/kg IV every 6 weeks ◯ 5 mg/kg IV every 8 weeks ◯ 7.5 mg/kg IV every 4 weeks ◯ 7.5 mg/kg IV every 6 weeks ◯ 7.5 mg/kg IV every 8 weeks ◯ 10 mg/kg IV every 4 weeks ◯ 10 mg/kg IV every 6 weeks ◯ 10 mg/kg IV every 8 weeks ◯ Other dose and schedule
Describe other dose and schedule:	_____
Adalimumab used since diagnosis?	◯ Yes ◯ No ◯ Unknown
Adalimumab (Humira) used within 1 year prior to surgery?	◯ Yes ◯ No ◯ Unknown
Have you completed induction dosing (adalimumab)?	◯ Yes ◯ No
Maximal maintenance dose during 1 year prior to surgery:	◯ 40 mg ◯ 80 mg
Shortest maintenance dosing interval during 1 year prior to surgery (adalimumab)?	◯ Every 1 week ◯ Every 2 weeks ◯ Other interval (specify below)
Specify other dosing interval (adalimumab)	_____
Was adalimumab taken in combination with azathioprine, 6-MP, or methotrexate at any time in the one year prior to surgery for 8 weeks or longer?	◯ Yes ◯ No ◯ Unknown
Indicate which drug was taken in combination with adalimumab at any time one year prior to surgery (for 8 weeks or longer). Check all that apply.	☐ Azathioprine ☐ 6-MP ☐ Methotrexate
Was therapeutic drug monitoring (TDM) performed for adalimumab in the one year prior to surgery? (Do not include TDM obtained during treatment induction.)	◯ Yes ◯ No ◯ Unknown

Assay type	◯ Prometheus ◯ Labcorp ◯ Quest ◯ Mayo ◯ Other ◯ Unknown
Specific assay type	_____
Was this a trough level (i.e., drawn within 72 hours prior to injection)?	◯ Yes ◯ No ◯ Unknown
Drug level (mcg/mL)	_____ (mcg/mL)
Enter antibody level (AU/mL):	_____ (AU/mL)
Adalimumab used within 3 months prior to index surgery?	◯ Yes ◯ No ◯ Unknown
Date started:	_____ (MM/YYYY)
Date of last dose prior to surgery:	_____ (MM/YYYY)
Most recent dose and schedule:	◯ *Induction* 160 mg sc at week 0, 80 mg at week 2 ◯ 40 mg sc every 1 week ◯ 40 mg sc every 2 weeks ◯ 80 mg sc every 2 weeks ◯ Other dose and schedule
Describe other dose and schedule:	_____
Certolizumab used since diagnosis?	◯ Yes ◯ No ◯ Unknown
Certolizumab (Cimizia) used within 1 year prior to surgery?	◯ Yes ◯ No ◯ Unknown
Have you completed induction dosing (certolizumab)?	◯ Yes ◯ No
Maximal maintenance dose during 1 year prior to surgery:	◯ 200 mg ◯ 400 mg

Shortest maintenance dosing interval during 1 year prior to surgery (certolizumab)?	◯ Every 2 weeks ◯ Every 4 weeks ◯ Other interval (specify below)
Specify other dosing interval	_____
Was certolizumab taken in combination with azathioprine, 6-MP, or methotrexate at any time in the one year prior to surgery for 8 weeks or longer?	◯ Yes ◯ No ◯ Unknown
Indicate which drug was taken in combination with certolizumab at any time one year prior to surgery (for 8 weeks or longer). Check all that apply.	☐ Azathioprine ☐ 6-MP ☐ Methotrexate
Was therapeutic drug monitoring (TDM) performed for certolizumab in the one year prior to surgery? (Do not include TDM obtained during treatment induction.)	◯ Yes ◯ No ◯ Unknown
Assay type	◯ Prometheus ◯ Labcorp ◯ Quest ◯ Mayo ◯ Other ◯ Unknown
Specify assay type	_____
Was this a trough level (i.e., drawn within 72 hours of injection)?	◯ Yes ◯ No ◯ Unknown
Drug level (mcg/mL)	_____ (mcg/mL)
Enter antibody level (AU/mL):	_____ (AU/mL)
Certolizumab used within 3 months prior to index surgery?	◯ Yes ◯ No ◯ Unknown
Date started:	_____ (MM/YYYY)
Date of last dose prior to surgery:	_____ (MM/YYYY)

Most recent dose and schedule:	◯ *Induction* 400mg sc at weeks 0, 2, and 4 ◯ 200mg sc every 2 weeks ◯ 400mg sc every 2 weeks ◯ 400mg sc every 4 weeks ◯ Other dose and schedule
Describe other dose and schedule:	_____
Vedolizumab used since diagnosis?	◯ Yes ◯ No ◯ Unknown
Vedolizumab used within 1 year prior to surgery?	◯ Yes ◯ No ◯ Unknown
Have you completed induction dosing (vedolizumab)?	◯ Yes ◯ No
Shortest maintenance dosing interval during 1 year prior to surgery (vedolizumab)	◯ 300 mg every 4 weeks ◯ 300 mg every 8 weeks ◯ Other (specify below)
Specify other dosing interval (vedolizumab)	_____
Was vedolizumab taken in combination with azathioprine, 6-MP, or methotrexate at any time in the one year prior to surgery for 8 weeks or longer?	◯ Yes ◯ No ◯ Unknown
Indicate which drug was taken in combination with vedolizumab at any time one year prior to surgery (for 8 weeks or longer). Check all that apply.	☐ Azathioprine ☐ 6-MP ☐ Methotrexate
Was therapeutic drug monitoring (TDM) performed for vedolizumab in the one year prior to surgery? (Do not include TDM obtained during treatment induction.)	◯ Yes ◯ No ◯ Unknown
Assay type	◯ Prometheus ◯ Labcorp ◯ Quest ◯ Mayo ◯ Other ◯ Unknown
Specify assay type	_____
Was this a trough level (i.e., within 1 week prior to dose)?	◯ Yes ◯ No ◯ Unknown
Drug level (ug/mL)	_____ (ug/mL)

Enter antibody level (U/mL):	_____ (U/mL)
Vedolizumab used within 3 months prior to index surgery?	◯ Yes ◯ No ◯ Unknown
Date started:	_____ (MM/YYYY)
Date of last dose prior to surgery:	_____ (MM/YYYY)
Most recent dose and schedule:	◯ *Induction* 300mg IV at 0, 2, and 6 weeks ◯ 300mg IV every 4 weeks ◯ 300mg IV every 6 weeks ◯ 300mg IV every 8 weeks ◯ Other dose and schedule
Describe other dose and schedule:	_____
Ustekinumab used since diagnosis?	◯ Yes ◯ No ◯ Unknown
Ustekinumab used within 1 year prior to surgery?	◯ Yes ◯ No ◯ Unknown
Have you completed induction dosing?	◯ Yes ◯ No
Shortest maintenance dosing interval during 1 year prior to surgery (ustekinumab)	◯ 90 mg every 4 weeks ◯ 90 mg every 8 weeks ◯ Other (specify below)
Specify other dosing interval (ustekinumab)	_____
Was ustekinumab taken in combination with azathioprine, 6-MP, or methotrexate at any time in the one year prior to surgery for 8 weeks or longer?	◯ Yes ◯ No ◯ Unknown
Indicate which drug was taken in combination with ustekinumab at any time one year prior to surgery (for 8 weeks or longer). Check all that apply.	☐ Azathioprine ☐ 6-MP ☐ Methotrexate
Was therapeutic drug monitoring (TDM) performed for ustekinumab in the one year prior to surgery? (Do not include TDM obtained during treatment induction.)	◯ Yes ◯ No ◯ Unknown

Assay type	◯ Prometheus ◯ Labcorp ◯ Quest ◯ Mayo ◯ Other ◯ Unknown
Specify assay type	_____
Was this a trough level (i.e., within 1 week prior to dose)?	◯ Yes ◯ No ◯ Unknown
Drug level (ug/mL)	_____ (ug/mL)
Enter antibody level (U/mL)	_____ (U/mL)
Ustekinumab used within 3 months prior to index surgery?	◯ Yes ◯ No ◯ Unknown
Date started:	_____ (MM/YYYY)
Date of last dose prior to surgery:	_____ (MM/YYYY)
Most recent dose and schedule:	◯ *Induction* weight-based IV dose at week 0 ◯ 90mg sc every 4 weeks ◯ 90mg sc every 6 weeks ◯ 90mg sc every 8 weeks ◯ Other dose and schedule
Describe other dose and schedule:	_____
NSAIDS used since diagnosis?	◯ Yes ◯ No ◯ Unknown
NSAIDS used within 3 months prior to index surgery?	◯ Yes ◯ No ◯ Unknown
NSAIDS used up to time of surgery?	◯ Yes ◯ No ◯ Unknown

Most recent schedule:	◯ Daily ◯ Weekly ◯ Monthly ◯ Less than once per month
Probiotics used since diagnosis?	◯ Yes ◯ No ◯ Unknown
Probiotics used within 3 months prior to index surgery?	◯ Yes ◯ No ◯ Unknown
Probiotics used up to time of surgery?	◯ Yes ◯ No ◯ Unknown
Other biological therapies used since diagnosis?	◯ Yes ◯ No ◯ Unknown
Other biological therapies used within 3 months prior to index surgery?	◯ Yes ◯ No ◯ Unknown
Other biological therapies used up to time of surgery?	◯ Yes ◯ No ◯ Unknown
Other biological therapies used currently (migrated from original study)?	◯ Yes ◯ No ◯ Unknown
Specify type of other biological therapy:	_____
Specify type of other biological therapy (migrated from original study)	_____

Surgical Specimens Form

Uninvolved ileal margin

Number of RNAlater tubes:
- ◯ None
- ◯ 1
- ◯ 2

0.5 cm in RNAlater 1:

_____
((from barcode label))

0.5cm in RNAlater 2:

_____
((from barcode label))

Number of quadrant tubes (not including myofibroblast sample sent to Kuemmerle Lab):
- ◯ None
- ◯ 1
- ◯ 2
- ◯ 3

Quadrants in empty tubes 1:

_____
((from barcode label))

Quadrants in empty tubes 2:

_____
((from barcode label))

Quadrants in empty tubes 3:

_____
((from barcode label))

Myofibroblast sample ID:

_____

Uninvolved colonic margin

Number of RNAlater tubes:
- ◯ None
- ◯ 1
- ◯ 2

0.5 cm in RNAlater 1:

_____
((from barcode label))

0.5 cm in RNAlater 2:

_____
((from barcode label))

Number of quadrant tubes (not including myofibroblast sample sent to Kuemmerle Lab):
- ◯ None
- ◯ 1
- ◯ 2
- ◯ 3

Quadrants in empty tubes 1:

_____
((from barcode label))

Quadrants in empty tubes 2:

_____
((from barcode label))

Quadrants in empty tubes 3:

_____
((from barcode label))

Myofibroblast sample ID:

_____

Involved ileum

Number of RNAlater tubes:

◯ None
◯ 1
◯ 2

0.5 cm in RNAlater 1:

_____
((from barcode label))

0.5 cm in RNAlater 2:

_____
((from barcode label))

Number of quadrant tubes (not including myofibroblast sample sent to Kuemmerle Lab):

◯ None
◯ 1
◯ 2
◯ 3

Quadrants in empty tubes 1:

_____
((from barcode label))

Quadrants in empty tubes 2:

_____
((from barcode label))

Quadrants in empty tubes 3:

_____
((from barcode label))

Myofibroblast sample ID:

_____

Involved colon (optional)

Number of RNAlater tubes:
- ◯ None
- ◯ 1
- ◯ 2

0.5 cm in RNAlater 1:

_____
((from barcode label))

0.5 cm in RNAlater 2:

_____
((from barcode label))

Number of quadrant tubes (not including myofibroblast sample sent to Kuemmerle Lab):
- ◯ None
- ◯ 1
- ◯ 2
- ◯ 3

Quadrants in empty tubes 1:

_____
((from barcode label))

Quadrants in empty tubes 2:

_____
((from barcode label))

Quadrants in empty tubes 3:

_____
((from barcode label))

Myofibroblast sample ID:

_____

Mesenteric fat

Number of RNAlater tubes:
- ◯ None
- ◯ 1
- ◯ 2

0.5 cm in RNAlater 1:

_____
((from barcode label))

0.5 cm in RNAlater 2:

_____
((from barcode label))

Number of quadrant tubes (not including myofibroblast sample sent to Kuemmerle Lab):
- ◯ None
- ◯ 1
- ◯ 2
- ◯ 3

Quadrants in empty tubes 1:

_____
((from barcode label))

Quadrants in empty tubes 2:

_____
((from barcode label))

Quadrants in empty tubes 3:

_____
((from barcode label))

Myofibroblast sample ID:

_____

PBMC Samples

Samples should be collected at endoscopy ONLY if samples were collected at recruitment.

Date samples collected:

_____

PBMC 1:

_____
((from barcode label))

PBMC 2:

_____
((from barcode label))

Disease Location and EIMs Update

Use migrated information from original REDCap project	☐ Use migrated information
Note: If patient was recruited at first endoscopy, check here and complete Disease Location and EIMs form in the Recruitment event. Do not complete this form if patient was recruited at first endoscopy.	☐ Patient was recruited at first endoscopy
Is there evidence of disease in new locations since surgery or previous endoscopy (whichever is most recent)?	◯ Yes ◯ No

Macroscopic Disease Location Since Time of Last Assessment (i.e., surgery or previous endoscopy)

	New disease	Unchanged	Unknown
Esophagus:	◯	◯	◯
Stomach:	◯	◯	◯
Duodenum:	◯	◯	◯
Jejunum:	◯	◯	◯
Proximal ileum:	◯	◯	◯
Distal ileum:	◯	◯	◯
Terminal ileum:	◯	◯	◯
Cecum:	◯	◯	◯
Colon (not including cecum or rectum):	◯	◯	◯
Rectum:	◯	◯	◯
Perianal/Perineal:	◯	◯	◯

Macroscopic Disease Location At Endoscopy (from original REDCap project)

	Yes	No	Unknown
Esophagus:	◯	◯	◯
Stomach:	◯	◯	◯
Duodenum:	◯	◯	◯
Jejunum:	◯	◯	◯
Proximal ileum:	◯	◯	◯
Distal ileum:	◯	◯	◯
Terminal ileum:	◯	◯	◯
Cecum:	◯	◯	◯
Colon (not including cecum or rectum):	◯	◯	◯
Rectum:	◯	◯	◯

Perianal/perineal:	◯	◯	◯

Maximal Disease Behavior

CD disease behavior:
- ◯ B1
- ◯ B2
- ◯ B3
- ◯ Unknown

CD disease behavior at endoscopy
- ◯ B1
- ◯ B2
- ◯ B3
- ◯ Unknown

Extra-Intestinal Manifestations Since Time of Last Assessment

Is there evidence of new extra-intestinal manifestations since surgery or previous endoscopy (whichever is most recent)?
- ◯ Yes
- ◯ No

Extra-Intestinal Manifestations: Joints

	New EIM	Unchanged	Unknown
Large joint related to disease activity:	◯	◯	◯
Small joint unrelated to disease activity:	◯	◯	◯
Ankylosing spondylitis:	◯	◯	◯
Sacro-iliitis:	◯	◯	◯
Non-specific joint inflammation:	◯	◯	◯

Extra-Intestinal Manifestations At Endoscopy (from original REDCap project): Joints

	Yes	No	Unknown
Large joint related to disease activity:	◯	◯	◯
Small joint unrelated to disease activity:	◯	◯	◯
Ankylosing spondylitis:	◯	◯	◯
Sacro-iliitis:	◯	◯	◯
Non-specific joint inflammation:	◯	◯	◯

Extra-Intestinal Manifestations: Skin

	New EIM	Unchanged	Unknown
Erythema nodosum:	◯	◯	◯
Pyoderma:	◯	◯	◯

Extra-Intestinal Manifestations At Endoscopy (from original REDCap project): Skin			
	Yes	No	Unknown
Erythema nodosum:	◯	◯	◯
Pyoderma:	◯	◯	◯

Extra-Intestinal Manifestations: Eyes			
	New EIM	Unchanged	Unknown
Uveitis:	◯	◯	◯
Episcleritis:	◯	◯	◯
Undiagnosed ocular inflammation:	◯	◯	◯

Extra-Intestinal Manifestations At Endoscopy (from original REDCap project): Eyes			
	Yes	No	Unknown
Uveitis:	◯	◯	◯
Episcleritis:	◯	◯	◯
Undiagnosed ocular inflammation:	◯	◯	◯

Extra-Intestinal Manifestations: Liver			
	New EIM	Unchanged	Unknown
Primary sclerosing cholangitis:	◯	◯	◯

Extra-Intestinal Manifestations At Endoscopy (from original REDCap project): Liver			
	Yes	No	Unknown
Primary Sclerosing cholangitis:	◯	◯	◯

Treatment Update and Disease Activity

IMPORTANT: This form is intended to capture changes from previous information; i.e., since index resectional surgery or previous endoscopy, whichever is most recent.

Date of ileal resection or previous endoscopy, whichever is most recent: _____

Surgical History Update (since last assessment on [prev_assess_date])

Did patient have surgery for complications or treatment of CD since last assessment on [prev_assess_date]?
- ◯ Yes
- ◯ No
- ◯ Unknown

	Yes	No	Unknown
Small bowel resection:	◯	◯	◯
Large bowel resection:	◯	◯	◯
Strictureplasty:	◯	◯	◯
Diversion:	◯	◯	◯
Permanent stoma:	◯	◯	◯
Gastroenterostomy:	◯	◯	◯
Abdominal fistula/abscess:	◯	◯	◯
Perineal fistula/abscess:	◯	◯	◯
Surgery for dysplasia/cancer:	◯	◯	◯

Date of first operation (for treatment of IBD) since last assessment on [prev_assess_date]: _____ (MM/YYYY)

If date of first operation is unknown, please check this box: ☐ Unknown

Was the operation for abdominal disease (e.g., resection, strictureplasty, abscess drainage), perineal disease (including diversions), or post-surgical complications?
- ◯ Abdominal disease
- ◯ Perineal disease
- ◯ Post-surgical complications

Date of second operation (for treatment of IBD) since last assessment on [prev_assess_date]: _____ (MM/YYYY)

If date of second operation is unknown, please check this box: ☐ Unknown

Was the operation for abdominal disease (e.g., resection, strictureplasty, abscess drainage), perineal disease (including diversions), or post-surgical complications?
- ◯ Abdominal disease
- ◯ Perineal disease
- ◯ Post-surgical complications

Date of third operation (for treatment of IBD) since last assessment on [prev_assess_date]: _____ (MM/YYYY)

If date of third operation is unknown, please check this box:	☐ Unknown
Was the operation for abdominal disease (e.g., resection, strictureplasty, abscess drainage), perineal disease (including diversions), or post-surgical complications?	◯ Abdominal disease ◯ Perineal disease ◯ Post-surgical complications
Diagnosis of dysplasia/cancer (colorectal) since last assessment on [prev_assess_date]?	◯ Yes ◯ No ◯ Unknown
If yes to diagnosis of dysplasia/cancer (colorectal), month/year of diagnosis:	_____ (MM/YYYY)
If date is unknown, please check this box:	☐ Unknown
If yes to diagnosis of dysplasia/cancer (colorectal), year of diagnosis (from original REDCap project):	_____ (YYYY)
If year is unknown, please check this box (from original REDCap project):	☐ Unknown
Appendectomy since last assessment on [prev_assess_date]?	◯ Yes ◯ No ◯ Unknown
If yes to appendectomy, month/year of procedure:	_____ (MM/YYYY)
If date is unknown, please check this box:	☐ Unknown
If yes to appendectomy, year of procedure (from original REDCap project):	_____ (YYYY)
If year is unknown, please check this box (from original REDCap project):	☐ Unknown
CD disease behavior:	◯ Normal/Remission ◯ B1 ◯ B2 ◯ B3 ◯ Unknown

Disease Activity and Treatment, including Harvey-Bradshaw Index (since last assessment on [prev_assess_date])	
Hospitalizations (for treatment of IBD) since last assessment on [prev_assess_date]:	◯ 0 ◯ 1 ◯ 2 or more ◯ Unknown
Physician global appraisal of disease activity since last assessment on [prev_assess_date]:	◯ Continuously quiescent ◯ Mild with remissions ◯ Mild but chronically active ◯ Moderate or severe exacerbations but remissions ◯ Chronically active moderate/severe disease ◯ Unknown
Current disease activity:	◯ Normal/Remission ◯ Mild ◯ Moderate ◯ Severe ◯ Unknown
Subject's general well-being:	◯ Very well ◯ Slightly below par ◯ Poor ◯ Very poor ◯ Terrible ◯ Unknown (Note: Items from Harvey-Bradshaw Index refer to subject's current condition)
Abdominal pain:	◯ None ◯ Mild ◯ Moderate ◯ Severe ◯ Unknown (Note: Items from Harvey-Bradshaw Index refer to subject's current condition)
Number of liquid stools per day:	_____ (Note: Items from Harvey-Bradshaw Index refer to subject's current condition)
If number of liquid stools/day is unknown, please check this box:	☐ Unknown
Abdominal mass:	◯ None ◯ Dubious ◯ Definite ◯ Definite and tender ◯ Unknown (Note: Items from Harvey-Bradshaw Index refer to subject's current condition)

Complications: Items below from HBI refer to patient's current condition.			
	Yes	No	Unknown
Aphthous ulcers:	◯	◯	◯
Anal fissure:	◯	◯	◯
New fistula:	◯	◯	◯
Abscess:	◯	◯	◯

Medical Therapy Used Since Last Assessment (i.e., index resectional surgery or previous endoscopy, whichever is most recent) for Treatment of Crohn's Disease

Note: Do not include medications used during the first 4 weeks post-surgery or those used to treat surgical complications.

Aminosalicylates used since last assessment?	◯ Yes ◯ No ◯ Unknown
Aminosalicylates used currently?	◯ Yes ◯ No ◯ Unknown
Oral corticosteroids used since last assessment?	◯ Yes ◯ No ◯ Unknown
Oral corticosteroids used currently?	◯ Yes ◯ No ◯ Unknown
IV corticosteroids used since last assessment?	◯ Yes ◯ No ◯ Unknown
IV corticosteroids used currently?	◯ Yes ◯ No ◯ Unknown
Antibiotics used since last assessment?	◯ Yes ◯ No ◯ Unknown
Antibiotics used currently?	◯ Yes ◯ No ◯ Unknown
Immunomodulatory drugs used since last assessment?	◯ Yes ◯ No ◯ Unknown
Immunomodulatory drugs used currently?	◯ Yes ◯ No ◯ Unknown

MTX used since last assessment?	◯ Yes ◯ No ◯ Unknown
MTX used currently?	◯ Yes ◯ No ◯ Unknown
Enteral nutrition used since last assessment?	◯ Yes ◯ No ◯ Unknown
Enteral nutrition used currently?	◯ Yes ◯ No ◯ Unknown
Anti-TNF used since last assessment (from original REDCap project)?	◯ Yes ◯ No ◯ Unknown
Anti-TNF used currently (from original REDCap project)?	◯ Yes ◯ No ◯ Unknown
Infliximab used since last assessment?	◯ Yes ◯ No ◯ Unknown
Infliximab used currently?	◯ Yes ◯ No ◯ Unknown
Date started:	_____ (MM/YYYY)
Date stopped:	_____ (MM-YYYY)
Most recent dose and schedule:	◯ *Induction* 5 mg/kg IV at 0, 2, and 6 weeks ◯ 5 mg/kg IV every 4 weeks ◯ 5 mg/kg IV every 6 weeks ◯ 5 mg/kg IV every 8 weeks ◯ 7.5 mg/kg IV every 4 weeks ◯ 7.5 mg/kg IV every 6 weeks ◯ 7.5 mg/kg IV every 8 weeks ◯ 10 mg/kg IV every 4 weeks ◯ 10 mg/kg IV every 6 weeks ◯ 10 mg/kg IV every 8 weeks ◯ Other dose and schedule
Describe other dose and schedule:	_____
Adalimumab used since last assessment?	◯ Yes ◯ No ◯ Unknown

Adalimumab used currently?
- ◯ Yes
- ◯ No
- ◯ Unknown

Date started:

_____
(MM/YYYY)

Date stopped:

_____
(MM-YYYY)

Most recent dose and schedule:
- ◯ *Induction* 160 mg sc at week 0, 80 mg at week 2
- ◯ 40 mg sc every 1 week
- ◯ 40 mg sc every 2 weeks
- ◯ 80 mg sc every 2 weeks
- ◯ Other dose and schedule

Describe other dose and schedule:

_____

Certolizumab used since last assessment?
- ◯ Yes
- ◯ No
- ◯ Unknown

Certolizumab used currently?
- ◯ Yes
- ◯ No
- ◯ Unknown

Date started:

_____
(MM/YYYY)

Date stopped:

_____
(MM-YYYY)

Most recent dose and schedule:
- ◯ *Induction* 400mg sc at weeks 0, 2, and 4
- ◯ 200mg sc every 2 weeks
- ◯ 400mg sc every 2 weeks
- ◯ 400mg sc every 4 weeks
- ◯ Other dose and schedule

Describe other dose and schedule:

_____

Vedolizumab used since last assessment?
- ◯ Yes
- ◯ No
- ◯ Unknown

Vedolizumab used currently?
- ◯ Yes
- ◯ No
- ◯ Unknown

Date started:

_____
(MM/YYYY)

Date stopped:	_____ (MM/YYYY)
Most recent dose and schedule:	◯ *Induction* 300mg IV at 0, 2, and 6 weeks ◯ 300mg IV every 4 weeks ◯ 300mg IV every 6 weeks ◯ 300mg IV every 8 weeks ◯ Other dose and schedule
Describe other dose and schedule:	_____
Ustekinumab used since last assessment?	◯ Yes ◯ No ◯ Unknown
Ustekinumab used currently?	◯ Yes ◯ No ◯ Unknown
Date started:	_____ (MM/YYYY)
Date stopped:	_____ (MM/YYYY)
Most recent dose and schedule:	◯ *Induction* weight-based IV dose at week 0 ◯ 90mg sc every 4 weeks ◯ 90mg sc every 6 weeks ◯ 90mg sc every 8 weeks ◯ Other dose and schedule
Describe other dose and schedule:	_____
NSAIDS used since last assessment?	◯ Yes ◯ No ◯ Unknown
NSAIDS used currently?	◯ Yes ◯ No ◯ Unknown
Most recent schedule:	◯ Daily ◯ Weekly ◯ Monthly ◯ Less than once per month
Probiotics used since last assessment?	◯ Yes ◯ No ◯ Unknown

Probiotics used currently?	◯ Yes ◯ No ◯ Unknown
Other biological therapies used since last assessment?	◯ Yes ◯ No ◯ Unknown
Other biological therapies used currently?	◯ Yes ◯ No ◯ Unknown
Specify type of other biological therapy:	_____

Current Smoking Status

Has patient smoked since last assessment date ([prev_assess_date]):	◯ Yes ◯ No ◯ Unknown
Did patient start smoking since last assessment date ([prev_assess_date])?	◯ Yes ◯ No ◯ Unknown
Did patient stop smoking since last assessment date ([prev_assess_date])?	◯ Yes ◯ No ◯ Unknown
When did patient start smoking?	_____ (MM/YYYY)
When did patient stop smoking?	_____ (MM/YYYY)
Average number of cigarettes per day since last assessment ([prev_assess_date]) during period when patient was smoking:	_____ ((1 pack = 20 cigarettes))
Please check this box if the number of cigarettes per day is unknown:	☐ Unknown

Current Smoking Status (from original REDCap project)

Smoking status:	◯ Current smoker ◯ Ex-smoker ◯ Non-smoker ◯ Unknown
Year started smoking:	_____ (YYYY)

Year stopped smoking:	_____ (YYYY)
No. of cigarettes per day:	_____ ((1 pack = 20 cigarettes))
Please check this box if the number of cigarettes per day is unknown:	☐ Unknown

Height (complete only if patient is under 18)

Height:	_____
Height unit:	◯ inches ◯ centimeters
If height is unknown, please check this box:	☐ Height unknown

Weight

Weight:	_____
Weight unit:	◯ pounds ◯ kg
If weight is unknown, please check this box:	☐ Weight unknown

Stool Collection

Check here to indicate that stool was not obtained at this timepoint:	☐ Stool Not Obtained
Stool collection is a REQUIRED component of the study protocol. If stool was not obtained at this timepoint, please provide explanation.	_____
Date of stool collection:	_____
Time stool collected:	_____
Have you taken antibiotics in the last month?	◯ Yes ◯ No
If "Have you taken antibiotics in the last month?" is not answered, please check this box:	☐ Not Answered
Name of antibiotic:	_____
Dose:	_____
Are you currently taking antibiotics?	◯ Yes ◯ No
On what date did you stop?	_____

For office use

Date received:	_____
Collection container barcode ID:	_____
5ml aliquot ID 1:	_____
5ml aliquot ID 2:	_____
5ml aliquot ID 3:	_____

Yearly Status Check

Complete this form using your local medical records and/or by contacting the patient directly.

If patient has had a colonoscopy since index resectional surgery or last yearly status check, complete the corresponding Endoscopy Form(s).

Note that this form should be completed at 1, 2, 3, 4, and 5 years from the date of index resectional surgery ([recruitment_arm_1][index_date]).

Click "Today" to enter today's date:	_____ (Enter today's date)
Has patient had colonoscopy since ileal resection surgery or last yearly status check (whichever is more recent)?	◯ Yes ◯ No ◯ Unknown
Check here if unable to contact patient	☐ Unable to contact patient
Reason for unknown:	_____

Status Confirmation

Important note: All endoscopies that occur during the five-year post-surgical study period must be entered in REDCap, even if the endoscopy occurred off-site or samples were not obtained. Do not check the box below until you can confirm that all endoscopies that have occurred to date have been captured.

If the participant has withdrawn from or has completed the study, be sure to also complete a Withdrawal or Study Completion form.

Click "Today" to enter today's date

_____
(MM-DD-YYYY)

Participant has been contacted and/or clinical record has been reviewed AND all endoscopies have been entered in REDCap.	☐ Confirmed

Withdrawal

Reminder: Complete a final Status Confirmation form on or after the withdrawal date indicated below.

Date of withdrawal:

_____

Reason for withdrawal:

- ◯ First endoscopy performed off-site
- ◯ No samples obtained at first endoscopy
- ◯ Patient moved
- ◯ Patient will not return to GRC (explain below)
- ◯ Patient no longer wishes to particicpate
- ◯ Physician withdrew patient from study
- ◯ Patient determined to be ineligible (describe below)
- ◯ Other (describe below)

Explain why patient will not return to GRC:

_____

Describe why patient is ineligible:

_____

Describe other reason for withdrawal:

_____

Has patient had colonoscopy since index resectional surgery or last yearly status check (whichever is more recent)?

- ◯ Yes
- ◯ No
- ◯ Unknown

Migrated from old study: Patient had first endoscopy before withdrawal date

- ☐ Migrated from old study: Patient had first endoscopy before withdrawal date

Please check here if patient requested that data and/or samples be destroyed:

- ☐ Destroy samples
- ☐ Destroy data

Study Completion

Reminder: Complete a final Status Confirmation form on or after the study completion date indicated below.

If patient has been withdrawn from the study, do not complete this form; instead, complete a Withdrawal Form.

Study completion date: _____

Indicate reason for study completion:

- ◯ Three post-surgical endoscopies with samples have been completed
- ◯ Five years have elapsed since index resectional surgery
- ◯ Patient completed study under original 24-month protocol
- ◯ Patient aged out of pediatric care to adult care at a different institution

Redaction Confirmation

Redaction verified: Operative report	☐ Redaction verified
Redaction verified: Surgical pathology report	☐ Redaction verified
Redaction verified: Recruitment CBC report	☐ Redaction verified
Redaction verified: Imaging 1 report	☐ Redaction verified
Redaction verified: Imaging 2 report	☐ Redaction verified
Redaction verified: Imaging 3 report	☐ Redaction verified
Redaction verified: Endoscopy report	☐ Redaction verified
Redaction verified: Endoscopic pathology report	☐ Redaction verified