

Study code:

Country:

Investigator:



CRF version Healthy Control

1. Subject identification and demographic data

Initials :

Date completed :

Date of birth (D/M/Y) :/...../.....

Hospital patient number:

Gender : M / F

Ethnic Origin

Country of origin of maternal grandparents:

Grandmother _____ Grandfather _____

Country of origin of paternal grandparents:

Grandmother _____ Grandfather _____

Drop down:

- Albania	- Liechtenstein
- Andorra	- Lituania
- Armenia	- Luxemburg
- Austria	- Macedonia
- Azerbaidzhan	- Malta
- Belarus	- Moldova
- Belgium	- Monaco
- Bosnia and Herzegovina	- Montenegro
- Bulgaria	- Netherlands
- Croatia	- Norway
- Cyprus	- Ukraine
- Czech Republic	- Poland
- Denmark	- Portugal
- Estonia	- Romania
- Finland	- Russia
- France	- San Marino
- Germany	- Serbia
- Georgia	- Slovenia
- Greece	- Slovakia
- Greenland	- Spain
- Hungary	- Sweden
- Ireland	- Switzerland
- Iceland	- Turkey
- Italy	- United Kingdom
- Kazakhstan	- Vatican City
- Latvia	- Unknown

If not European, the subject cannot be included.

Study code:

Country:

Investigator:



Were you born by caesarian section? no yes

Education: Primary school
(highest achieved) Secondary school, specification: professional or technical
 General secondary school
 Higher non-academic or academic degree

Present work status: Full-time
 Part-time
 Student
 Full time home maker (taking care of family at home)
 Unable to work since at least 1 month, but less than 1 year
 Unable to work since more than 1 year (disability)
 Unemployed (not due to health problem)
 Retired

Recruited from: Primary care
 Secondary care
 Tertiary care
 Public advertisement
 Defined population

Study code:

Country:

Investigator:

2. Clinical history








History of chronic GI disease (including IBS)? yes / no
If yes, **exclude subject**

Complete GSRS. If score > 2 (score 2 = almost no complaints) on one of the 15 items: **EXCLUDE subject**

Defecation pattern:

- Frequency: ___/day or ___/week
- Consistency: Which of the seven types resembles your average stool most?
- Type 1
 - Type 2
 - Type 3
 - Type 4
 - Type 5
 - Type 6
 - Type 7

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

3. Dietary history

Do you follow any special diet (select one or more)?

- gluten-free
- vegetarian
- vegan
- lactose free
- low carbohydrate – high fat
- high fiber
- FODMAP ("Fermentable, Oligo-, Di-, Mono-saccharides and Polyols")
- Other: _____

Do you avoid certain food products? no yes
If yes, which food products:.....

Do you use pre-/probiotics on a regular basis? no yes

Were you breastfed in the first 6 months of life? no yes

Study code:

Country:

Investigator:



4. Personal history

- Appendectomy : no yes
Cholecystectomy : no yes
Other abdominal surgery: no yes
Psychiatric disorder : no yes
Other relevant disease : no yes
Fibromyalgia: : no yes
Chronic fatigue (> 6 months): no yes

- Does the patient suffer from an allergy :
- skin no yes
- food no yes
- ENT no yes

5. Family history

- Crohn's disease,: no yes
if yes, specify: first degree relative
 second degree relative

- Ulcerative colitis: no yes
if yes, specify: first degree relative
 second degree relative

- Do you have a twin sibling? no yes
If yes, do you have an identical twin sibling? no yes
If yes, does he/she have abdominal symptoms? no yes
Does a first degree relative have abdominal symptoms? no yes

6. Substance use

- Alcohol no yes units /week
Smoking no yes cigarettes/day,pack years
Drugs no yes, specify: main classes: Drop down:
- Speed
- LSD
- Cannabis
- Marihuana
- Opiates (Morfin, Heroïn,...)
- Cocaine
- XTC
- Ketamin
- Methadon
- Other

Study code:

Country:

Investigator:



7. Investigations:

Blood analysis:

Normal Hb? no yes not performed

date:/...../.....

Normal CRP? no yes not performed

date:/...../.....

Normal TSH? no yes not performed

date:/...../.....

Normal transglutaminase antibodies/IgA values?

no yes not performed

date:/...../.....

IF NO: EXCLUDE subject

Coproculture: date:/...../.....

Giardiasis (D-IBS): no yes not performed

IF YES: EXCLUDE subject

Lactose maldigestion:

Symptoms improved following lactose free diet (6 weeks):

no yes diet not followed

IF YES: EXCLUDE subject

Endoscopy

upper endoscopy: date:/...../..... no yes not performed

If yes, significant macroscopic abnormalities: no yes

If yes, significant microscopic abnormalities: no yes

colonoscopy: date:/...../..... no yes not performed

If yes, significant macroscopic abnormalities: no yes

If yes, significant microscopic abnormalities: no yes

sigmoidoscopy: date:/...../..... no yes not performed

If yes, significant macroscopic abnormalities: no yes

If yes, significant microscopic abnormalities: no yes

IF YES: consider EXCLUSION of subject

8. Clinical examination

Weight : _____(kg)

Study code:

Country:

Investigator:



Height : _____(m)

BMI (Body Mass Index) : _____

Blood pressure : Systolic _____ (mmHg)

: Diastolic _____ (mmHg)