

## B. STUDY ELIGIBILITY FOR IBD PATIENTS AND DISEASE SUBTYPE CLASSIFICATION:

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### 1. IBD Inclusion Criteria (Must be YES):

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| a. Does patient have definite documented diagnosis of CD, UC or IBD-U? | <input type="radio"/> | <input type="radio"/> |
| b. Is patient >4 years of age?   | <input type="radio"/> | <input type="radio"/> |

Participant is not ELIGIBLE Please review participant information before continuing.

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### 2. IBD Exclusion Criteria (Must be NO to all questions):

- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| a. Post ileoanal pouch patient?   | <input type="radio"/> | <input type="radio"/> |
| b. Total or subtotal colectomy and/or ileostomy?  | <input type="radio"/> | <input type="radio"/> |
| c. Major comorbid condition (e.g. decompensated liver disease or malignancy, end stage lung or cardiac disease, active HIV) where the expected survival is less than 5 years? | <input type="radio"/> | <input type="radio"/> |
| d. Difficulties with communication or conditions affecting ability to provide informed consent?   | <input type="radio"/> | <input type="radio"/> |
| e. Unable to communicate in the language of the cohort study (English or French)?   | <input type="radio"/> | <input type="radio"/> |
| f. Does not wish to participate in this study?  | <input type="radio"/> | <input type="radio"/> |
| g. Diagnosis of schizophrenia?  | <input type="radio"/> | <input type="radio"/> |
| h. Diagnosis of eating disorder?  | <input type="radio"/> | <input type="radio"/> |

Participant is not ELIGIBLE Please review participant information before continuing.

**3. Date of IBD Diagnosis:**

\_\_\_\_\_  
(Chart review- YYYY-MM)

**4. Diagnosis confirmed by:**

- a. Colonoscopy
  - b. Sigmoidoscopy
  - c. SBFT
  - d. C.T. scan
  - e. Ultrasound
  - f. Barium enema
  - g. Surgery
  - h. MRI
  - i. Pathology
  - j. Not recorded
- (Check all that apply)

**5. Check extraintestinal manifestations your patient has had:  
(Ever, up until current visit)**

- a. Arthritis
  - b. Ankylosing spondylitis
  - c. Erythema nodosum
  - d. Pyoderma gangrenosum
  - e. Iritis/uveitis
  - f. Primary Sclerosing Cholangitis
  - g. Other
  - h. None
- (Check all that apply)

**Other, specify:**

\_\_\_\_\_

**6. Check types of surgery your patient has had:  
(Ever, up until current visit)**

- a. Bowel resection
  - b. Colostomy
  - c. Pelvic pouch
  - d. Strictureplasty
  - e. Fistulectomy
  - f. Incising & draining of abscess related to fistula
  - g. Cholecystectomy
  - h. Appendectomy
  - i. Other GI surgery
  - j. None
- (Check all that apply)

**Bowel resection types:**

- i) Ileoresection
  - ii) Colonic resection
  - iii) Ileocolonic resection
- (Check all that apply)

**Ileoresection: If yes, how many?**

\_\_\_\_\_

**Colonic resection: If yes, how many?**

\_\_\_\_\_

**Ileocolonic resection: If yes, how many?**

\_\_\_\_\_

**Colostomy: If yes, how many?**

\_\_\_\_\_

**Pelvic pouch: If yes, how many?**

\_\_\_\_\_

**Strictureplasty: If yes, how many?**

\_\_\_\_\_

**Fistulectomy: If yes, how many?**

\_\_\_\_\_

**Incising & draining of abscess related to fistula: If yes, how many?**

\_\_\_\_\_

**Other GI surgery, specify:**

\_\_\_\_\_

7. Anal Fissures?  
(Current/at this visit)

- Yes
- No

8. Draining Fistulas (on gentle compression)?  
(Current/at this visit)

- Yes
- No

Draining Fistulas: If yes, Number of draining  
perianal/anal fistulas?

\_\_\_\_\_

Draining Fistulas: If yes, Number of draining  
abdominal fistulas?

\_\_\_\_\_

9. Current state of disease?

- Active
  - Remission
- (Choose one only)

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### Montreal Classification (Adult IBD Disease Diagnosis)

10. Montreal Classification:

a. Disease Type:

- i) Crohn's disease (complete questions 10b & 10c)
  - ii) Ulcerative colitis/ulcerative proctitis  
(complete question 10d)
  - iii) IBD unclassified
- (Choose one only)

b. Crohn's disease site:

- i) L1 Ileum
  - ii) L2 Colon
  - iii) L3 Ileocolonic
  - iv) L4 Proximal GI tract (esophagus to jejunum)
  - v) Don't know
- (Check all that apply)

c. Crohn's disease: Has your patient had any of the  
following?

- i) B1 Only inflammatory/ulcerative disease (#3)
  - ii) B2 Stricture in bowel (#2)
  - iii) B3 Fistula (#1) - Note these are fistulas  
OTHER THAN perineal, or vaginal, or scrotal
  - iv) Perineal disease/fistulas (perianal disease  
modifier)
  - v) Don't know
- (Check all that apply)

If Fistulas, confirm whether Internal and/or  
External:

- Internal
- External

d. Ulcerative colitis/proctitis site:

- a. E1 Rectal disease
  - b. E2 Rectosigmoid disease
  - c. E2 Left-sided disease
  - d. E3 Subtotal colitis (up to some area of  
transverse colon)
  - e. E3 Pancolitis (including right colon)
- (Check all that apply)

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**Paris Classification (Pediatric 5-17 years of age IBD Disease Diagnosis)**

**11. Paris Classification:**

**a. Disease Type:**

- i) Crohn's disease (complete questions 11b, 11c & 11d)
- ii) Ulcerative colitis/ulcerative proctitis (complete question 11e)
- iii) IBD unclassified (Choose one only)

**b. Crohn's disease site:**

- i) L1 Ileum - distal 1/3 ileum ± limited cecal disease
- ii) L2 Colon
- iii) L3 Ileocolonic
- iv) L4a Upper disease proximal to Ligament of Treitz
- v) L4b Upper disease distal to Ligament of Treitz and proximal to distal 1/3 ileum
- vi) Don't know (Check all that apply)

**c. Crohn's disease: Has your patient had any of the following?**

- i) B1 Only inflammatory (nonstricturing, non-penetrating)
- ii) B2 Stricture in bowel
- iii) B3 Fistula - penetrating
- iv) B2B3 Both penetrating and structuring disease (either at the same or different times)
- v) Perianal disease modifier
- vi) Don't know (Check all that apply)

**d. Crohn's disease: What is the impact to growth on your patient?**

- G0 No evidence of growth delay
- G1 Growth delay (Choose one only)

**e. Ulcerative colitis/proctitis site:**

- i) E1 Rectal disease / ulcerative proctitis
- ii) E2 Left-sided UC (distal to splenic flexure)
- iii) E3 Extensive (hepatic flexure distally)
- iv) E4 Pancolitis (proximal to hepatic flexure)
- v) S0 Never severe (severe defined by PUCAI)
- vi) S1 Ever severe (severe defined by PUCAI) (Check all that apply)

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**12. For each of the following indicate if patient has taken the medication/treatment NEVER/PREVIOUSLY/CURRENTLY:**

	Never	Previously	Currently
Steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Azathioprine/6MP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methotrexate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti TNF alpha	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vedolizumab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exclusive enteral nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Partial enteral nutrition     
Other biologic

Specify: \_\_\_\_\_

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**C. STUDY ELIGIBILITY FOR IBS PATIENTS AND DISEASE SUBTYPE CLASSIFICATION:**

**Inclusion Criteria (Must be YES to all questions)**

	Yes	No
a. Is patient $\geq$ 13 years of age?	<input type="radio"/>	<input type="radio"/>
b. Does patient meet Rome IV criteria for IBS?	<input type="radio"/>	<input type="radio"/>

Participant is not ELIGIBLE Please review participant information before continuing.

**ROME IV DIAGNOSTIC CRITERIA FOR IBS**  
(Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis)

Recurrent abdominal pain, on average, at least 1 day per week in the last 3 months, associated with 2 or more of the following criteria:

1. Related to defecation
2. Associated with a change in frequency of stool
3. Associated with a change in form (appearance) of stool

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**2. IBS Exclusion Criteria (Must be NO to all questions):**

	Yes	No
a. Major gastrointestinal surgery (Roux en y, bowel resection)?	<input type="radio"/>	<input type="radio"/>
b. Major comorbid condition (e.g. decompensated liver disease or malignancy, end stage lung or cardiac disease, active HIV) where the projected survival is less than 5 years?	<input type="radio"/>	<input type="radio"/>
c. Drug use that is the major cause of GI symptoms and/or undermines longitudinal compliance, including chronic antibiotic use, narcotic analgesics and substance abuse?	<input type="radio"/>	<input type="radio"/>
d. Narcotic analgesic use that are major cause of GI symptoms?	<input type="radio"/>	<input type="radio"/>
e. Difficulties with communication or conditions affecting ability to provide informed consent?	<input type="radio"/>	<input type="radio"/>
f. Unable to communicate in the language of the cohort study (English or French)?	<input type="radio"/>	<input type="radio"/>
g. Does not wish to participate in this study?	<input type="radio"/>	<input type="radio"/>
h. Diagnosis of schizophrenia?	<input type="radio"/>	<input type="radio"/>
i. Diagnosis of eating disorder?	<input type="radio"/>	<input type="radio"/>

Participant is not ELIGIBLE Please review participant information before continuing.

3. Date of IBS diagnosis:

\_\_\_\_\_  
(Chart review- YYYY-MM)

## 4. IBS Rome Classification:

- a. IBS-D (IBS with predominant diarrhea): More than 25% of bowel movements with Bristol still form types 6 or 7 and less than 25% of bowel movements with Bristol form types 1 or 2. Alternative for epidemiology or clinical practice: Patient reports that abnormal bowel movements are usually diarrhea.
  - b. IBS-C (IBS with predominant constipation): More than 25% of bowel movements with Bristol still form types 1 or 2 and less than 25% of bowel movements with Bristol form types 6 or 7. Alternative for epidemiology or clinical practice: Patient reports that abnormal bowel movements are usually constipation.
  - c. IBS-M (IBS with mixed bowel habits): More than 25% of bowel movements with Bristol form types 1 or 2 and more than 25% of bowel movements with Bristol form types 6 or 7. Alternative for epidemiology or clinical practice: Patient reports that abnormal bowel movements are usually both constipation and diarrhea.
  - d. IBS-U (IBS unclassified): Patients who meet diagnostic criteria for IBS but whose bowel habits cannot be accurately categorized into 1 of the 3 groups above.
- (DIAGNOSTIC CRITERIA FOR IBS SUBTYPES - Can only be confidently established when the patient is evaluated off medications used to treat bowel habit abnormalities)

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**5. Additional Inclusion Criteria for IBS-D (Must be YES to all)**

	Yes	No	N/A
a. Normal CBC?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Negative tissue transglutaminase antibody, if diarrhea the main symptom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. If symptoms onset >45 years old, then negative colonic biopsies for microscopic colitis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Symptoms onset >50 years old with new symptoms < 1 year duration have a negative colonoscopy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Participant is not ELIGIBLE Please review participant information before continuing.

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**6. Additional Inclusion Criteria for IBS-C, IBS-M & IBS-U (Must be YES to all)**

	Yes	No	N/A
a. Normal CBC?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Negative tissue transglutaminase antibody?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. If symptoms onset >50 years age, with new symptoms < 1 year duration, then have a negative colonoscopy, CT colonography or Air Contrast Barium Enema?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Participant is not ELIGIBLE Please review participant information before continuing.

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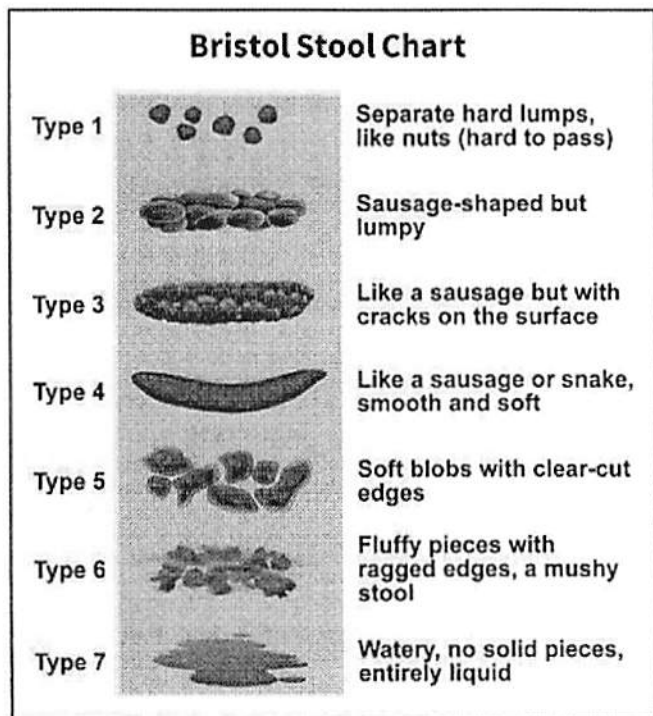
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**D. STUDY ELIGIBILITY FOR HEALTHY CONTROLS:**
**1. Healthy Controls Inclusion Criteria (Must be YES):**

	Yes	No
a. Is patient >4 years of age?	<input type="radio"/>	<input type="radio"/>
b. Subject is healthy and does not have IBD and does not meet ROME IV criteria for IBS?	<input type="radio"/>	<input type="radio"/>
c. Has bowel habit of 1-3/day that is predominantly of Bristol Stool Classification 3-5?	<input type="radio"/>	<input type="radio"/>

Participant is not ELIGIBLE Please review participant information before continuing.





#### ROME IV DIAGNOSTIC CRITERIA FOR IBS

(Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis)

Recurrent abdominal pain, on average, at least 1 day per week in the last 3 months, associated with 2 or more of the following criteria:

1. Related to defecation
2. Associated with a change in frequency of stool
3. Associated with a change in form (appearance) of stool

**2. Healthy Controls Exclusion Criteria (Must be NO to all questions):**

	Yes	No
a. Major gastrointestinal surgery (Roux en y, bowel resection)?	<input type="radio"/>	<input type="radio"/>
b. Any major comorbid chronic condition (e.g. decompensated liver disease or malignancy, lung or cardiac disease, active HIV diabetes mellitus requiring medication)?	<input type="radio"/>	<input type="radio"/>
c. Difficulties with communication or conditions affecting ability to provide informed consent?	<input type="radio"/>	<input type="radio"/>
d. Unable to communicate in the language of the cohort study (English or French)?	<input type="radio"/>	<input type="radio"/>
e. Does not wish to participate in this study?	<input type="radio"/>	<input type="radio"/>
f. Diagnosis of schizophrenia?	<input type="radio"/>	<input type="radio"/>
g. Diagnosis of eating disorder?	<input type="radio"/>	<input type="radio"/>

Participant is not ELIGIBLE Please review participant information before continuing.

**E. PHYSICAL EXAMINATION:**

1. Weight (kg)	_____
2. Height (cm)	_____
3. BMI (kg/m <sup>2</sup> )	_____

**F. SPECIMEN COLLECTION:**

1. a. Was blood specimen obtained? (Has been physically received at clinic)	<input type="radio"/> Yes <input type="radio"/> No
Date of blood collection:	_____ (YYYY-MM-DD)
Blood specimen ID number:	_____
1. b. Was genetics blood specimen obtained? (Has been physically received at clinic)	<input type="radio"/> Yes <input type="radio"/> No
Date of genetics blood collection:	_____ (YYYY-MM-DD)

Genetics blood specimen ID number:

\_\_\_\_\_

Were additional local blood specimens collected?

- Yes
- No

2. Was urine specimen obtained?  
(Has been physically received at clinic)

- Yes
- No

Date of urine collection:

\_\_\_\_\_  
(YYYY-MM-DD)

Urine specimen ID number:

\_\_\_\_\_

Were additional local urine specimens collected?

- Yes
- No

3. Was stool specimen obtained?  
(Has been physically received at clinic)

- Yes
- No

Date of stool collection:

\_\_\_\_\_  
(YYYY-MM-DD)

Stool specimen ID number:

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Were additional local stool specimens collected?

- Yes
- No

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**G. HEALTHY CONTROL PARTICIPANT RELATIONSHIP:**

Is the participant related to another IMAGINE study participant?

- Yes
- No

Other participant's pt ID:

\_\_\_\_\_

Other participant's relationship to this participant:

- Spouse
- Child
- Sibling
- Parent
- Other

Other relationship, specify:

\_\_\_\_\_

REMINDER: PLEASE BE SURE TO OPEN THE NEXT QUESTIONNAIRE IN SURVEY MODE ON THE NEXT PAGE BEFORE GIVING THE PARTICIPANT ACCESS! THANK YOU!