Study no._____

Initials: _____

□ Data Entry Completed

Environmental factors scheme for patients
International Organization of Inflammatory Bowel Disease (IOIBD)

1. Do you have Siblings? Yes ☐ (if YES, MUST fill in below) No ☐

1a. □ M □ F born year:	1b. □ M □ F born year:	1c. □ M □ F born year:
1d. □ M □ F born year:	1e. □ M □ F born year:	1f. □ M □ F born year:
1g. □ M □ F born year:	1h. □ M □ F born year:	1i. □ M □ F born year:

2. Do you have children? Yes ☐ No ☐

3. Your ethnical background: 3a. Asian: 1/1____ 1/2____ 1/4____

3b. Other: _____ 1/1____ 1/2____ 1/4____

3c. Other: _____ 1/1____ 1/2____ 1/4____

3d. Other: _____ 1/1____ 1/2____ 1/4____

Questions concerning your health

4. Do you have or have had long lasting/repetitive problems with your stomach? Yes ☐ No ☐

If YES, what problems?

4a. Diarrhoea Yes ☐ No ☐

4b. Blood in stool Yes ☐ No ☐

4c. Mucus/pus in stool Yes ☐ No ☐

4d. Abdominal pain Yes ☐ No ☐

4e. Fistulas Yes ☐ No ☐

4f. Constipation Yes ☐ No ☐

4g. Ulcer Yes ☐ No ☐

4h. Other problems, please state _____

4i. Have you consulted a doctor regarding these problems? Yes ☐ No ☐

4j. If YES, please state where and when (doctor/hospital, year):

(i)Where _____ (ii)when _____ (year)

5. Do any of your parents, siblings, half siblings, spouse or children have IBD? Yes ☐ No ☐

If YES, please state who and which disease (for half siblings HS, please state if on the side of your mother or father): Father (F), Mother (M), Sibling (S), Child (C), Spouse (Sp), Half sibling (HS)

5a. F/M/S/C/Sp/ HS- □ mum □ pa □ CD/ □ UC/ □ undeterminated	5b. F/M/S/C/Sp/ HS- □ mum □ pa □ CD/ □ UC/ □ undeterminated	5c. F/M/S/C/Sp/ HS- □ mum □ pa □ CD/ □ UC/ □ undeterminated

Study no._____

Initials: _____

6. **Childhood factors (up to age 20)**

	Yes	Age	No	Unknown
6a Brought up together with your siblings	☐		☐	☐
Separated at …..years of age		(i)._____		
6b. Shared bedroom	☐		☐	☐
Separated at …..years of age		(i)._____		
6c. Shared day nursery	☐		☐	☐
Separated at …..years of age		(i)._____		
6d. Went to the same schools	☐		☐	☐
Separated at …..years of age		(i)._____		
6e. Tonsillectomy done	☐		☐	☐
At which age		(i)._____		
6f. Appendectomy done	☐		☐	☐
At which age		(i)._____		
6g. Cholecystectomy done	☐		☐	☐
At which age		(i)._____		
6h. Breastfed	☐		☐	☐
How many months?		(i)._____		
6i. Asthma	☐		☐	☐
6j. Eczema	☐		☐	

7. **Vaccinations (up to age 20)**

	Yes	No	Unknown
7a. BCG **(卡介苗)**	☐	☐	☐
7b. Pertussis **(百日咳)**	☐	☐	☐
7c. Measles **(麻疹)**	☐	☐	☐
7d. Rubeola **(德國麻疹)**	☐	☐	☐
7e. Diphtheria **(白喉)**	☐	☐	☐
7f. Tetanus **(破傷風)**	☐	☐	☐
7g. Polio **(小兒麻痺)**	☐	☐	☐

8. **Childhood disease (up to age 20)**

	Yes	At which age?	No	Unknown
8a. Measles **(麻疹)**	☐	(i). _____	☐	☐
8b. Pertussis **(百日咳)**	☐	(i). _____	☐	☐
8c. Rubeola **(德國麻疹)**	☐	(i). _____	☐	☐
8d. Chicken-pox **(水豆)**	☐	(i). _____	☐	☐
8e. Mumps **(腮腺炎)**	☐	(i). _____	☐	☐
8f. Scarlet fever **(喉痧)**	☐	(i). _____	☐	☐

Study no._____

Initials: _____

9. **Antibiotics Used**

	Yes	No	Unknown
Antibiotics >4 times per year:	☐	☐	☐
9a. 0-15 years of age	☐	☐	☐
9b. >15 years of age	☐	☐	☐

10. **Pet animal (up to age 20)**

	Yes	**No**	**No. of years & months with the pet**
10a. Dog	☐	☐	(i). ____ (yr) ____ (mth)
10b. Cat	☐	☐	(i). ____ (yr) ____ (mth)
10c. Rodents	☐	☐	(i). ____ (yr) ____ (mth)
10d. Birds	☐	☐	(i). ____ (yr) ____ (mth)
10e. Aquarium fishes	☐	☐	(i). ____ (yr) ____ (mth)
10f. Regular horse-riding	☐	☐	(i). ____ (yr) ____ (mth)

.

11. **Swimming (up to age 20) (11a to 11d are mutually exclusive)**

	Yes
11a. Mainly pool	☐
11b. Mainly sea	☐
11c. Mainly river	☐
11d. Mainly lake	☐
11e. None of above	☐

11f. Age at start of swimming? _____

Study no._____

Initials: _____

12. **Smoking habits**

	Yes	No
12a. Ever smoked (smoked is defined as daily consumption of tobacco for at least six months),	☐	☐
If YES,		
12b. Are or have you been a cigarette smoker	☐	☐
12c. Are or have you been pipe or cigar smoker	☐	☐
12d. Were you exposed to daily passive smoking, before age 20	☐	☐

	at diagnosis of IBD		at present	
	Yes	No	Yes	No
12e. Smoking	(i) ☐	☐	(ii) ☐	☐
12f. Have or had you stopped and then resumed smoking		Yes ☐	No ☐	
12g. When did you start smoking		Age: _____		
12h. When did you stop smoking		Age: _____		
12i. When did you resume smoking		Age: _____		
12j. Have you stopped and resumed smoking more then once		Yes ☐	No ☐	
12k. When did you last stop smoking		Age: _____		
12l. How many cigarettes do/did you smoke per day		☐ 1-10	☐ 11-20	☐ 21 or more

13. **Contraceptives (for female only)**

	Yes	No	
13a. Have you used a contraceptive pill	☐	☐	
If YES, when did you start? : (i). _____			
13b. Do you still use the contraceptive pill	☐	☐	(i). stop yr____
13c. If used intermittently - how many years of use totally	Number of year: _____		

14. **Physical activities**

Regular physical activities (walking, jogging, cycling, swimming >30 minutes or similar activities)	before diagnosis of IBD	at present
14a. Daily	(i) ☐	(ii) ☐
14b. Weakly	(i) ☐	(ii) ☐
14c. Less often	(i) ☐	(ii) ☐

Study no._____

Initials: _____

15. **Food (Food habits before diagnosis)**

15a. Fruit, all type
Daily ☐ Weekly ☐ Less Frequently ☐

15b. Vegetables, all types
Daily ☐ Weekly ☐ Less Frequently ☐

15c. Eggs
Daily ☐ Weekly ☐ Less Frequently ☐

15d. Bread (slices/day)
6+ ☐ 4-5 ☐ 0-3 ☐

15e. Type of bread
Wholemeal ☐ Other ☐

15f. Breakfast - Muesli-type
Daily ☐ Weekly ☐ Less Frequently ☐

15g. Breakfast cereals - Cornflakes-type
Daily ☐ Weekly ☐ Less Frequently ☐

15h. Additional sugar in:

(i). Breakfast cereals with milk ☐ Porridge ☐

(ii). Coffee (teaspoons-lumps/cup)
2+ ☐ 1 ☐ 0 ☐

(iii). Tea (teaspoons-lumps/cup)
2+ ☐ 1 ☐ 0 ☐

15i. Fast food (food from a hot-dog stand or a hamburger restaurant
Twice or more/week ☐ Once a week ☐ Less frequently ☐

15j. Drinks – Juice
Daily ☐ Weekly ☐ Less Frequently ☐

15k. Drinks - Soft drinks
Daily ☐ Weekly ☐ Less Frequently ☐

15l. Drinks – Coffee
3+ ☐ 1-2 ☐ 0 ☐

15m. Drinks – Tea
3+ ☐ 1-2 ☐ 0 ☐

Study no._____

Initials: _____

16. **Living situation as below: (mutually exclusive of City, Town & countryside in each row)**

	City	**Town**	**Countryside**
16a. Infant (0-5years)	☐	☐	☐
16b. Child (6-11years)	☐	☐	☐
16c. Adolescent (12-16 years)	☐	☐	☐

17. **Sanitary conditions before age 20**

	Yes	**No**
17a. In house water tap	☐	☐
17b. Hot-water tap	☐	☐
17c. Separate bathroom	☐	☐
17d. Flush toilet	☐	☐
17e. Main drainage	☐	☐

18. **Travelling (before age 20)**

	Yes	**No**
18. Travelling abroad	☐	☐

18a. If YES, at which age(i)_____, place (ii)_____& duration (iii)_____days

18b. If YES , at which age(i)_____, place (ii)_____& duration (iii)_____days

18c. If YES , at which age(i)_____, place (ii)_____& duration (iii)_____days

19. **Major stressful event before diagnosis** Yes ☐ No ☐

19a. Death of family member: pa / ma / grandparents / spouse / children / siblings

19b. Economic catastrophe. Specify: _____

19c. Immigration. From (i)_____to (ii)_____, at age (iii)_____

19d. Other, Specify: _____

Study no._____

Initials: _____

Date of answering the questionnaire _____/_____/____ (yy/mmm/dd e.g. 11/APR/17)

Investigator Or Co-ordinator's Signature: _____

Full name: