

South African Inflammatory Bowel Disease Registry Datasheet

Fax: 021 531-6403

Personal Details	Answer
1. Surname	
2. Initials	
3. Male / Female	
4. Ethnic (white, black, coloured, indian, other)	
5. ID number	
6. Date of birth	
7. Postal code	

IBD Details	Description	Answer
1. Type of IBD	Crohns , Ulcerative colitis, Not sure	
2. Year of diagnosis	In what year were you diagnosed with IBD?	
3. Age at diagnosis	How old were you at diagnosis?	
4. Duration of symptoms	How many months were you ill before you were found to have IBD?	
5. Smoking status at diagnosis	At diagnosis were you a smoker (more than 2 cigs a day), a non-smoker or an ex-smoker?	
6. Family history	Do you have a parent, brother or sister with either Crohn's or UC?	
7. Tuberculosis	Have you ever been treated for TB?	
8. Cancer	Have you ever been diagnosed or treated for cancer?	