

International IBD Genetics Consortium

**Predicting 5-Aminosalicylate Induced
Nephrotoxicity in patients with Inflammatory
Bowel Disease**

Participant Questionnaire

Study Code

Please stick study label here

On completion, please return to:

Tracey Hill
Study Coordinator
Inflammatory Bowel Disease Research Office
Room 422 Noy Scott House
Royal Devon & Exeter Hospital (Wonford)
Barrack Road, Exeter, EX2 5DW

Participant Questionnaire

Date questionnaire completed

Name

Date of birth

Address

Postcode

Daytime Telephone Number

Evening Telephone Number

E-mail

Participant Questionnaire

Question 1: Your doctors

- a. Who is your current gastroenterologist?
- b. In which hospital do you see your gastroenterologist?
- c. Have you, or are you currently being looked after by a kidney specialist? Y N
- d. Who is your kidney specialist?
- e. In which hospital do you see your kidney specialist?
- f. Who is your GP?
- g. What is the address of your GP?

Question 2: Age diagnosed

At what age were you diagnosed with inflammatory bowel disease?

Question 3: Smoking

- a. Please describe your smoking status? Never Ex Current
- b. Were you smoking at the time your bowel disease was diagnosed? Yes No
- c. At what age did you start smoking?
- d. At what age did you stop smoking?
- e. On average how many cigarettes do or did you smoke per day?
- | | | | | | | | |
|-------------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|
| Less than 5 | <input type="checkbox"/> | 5-9 | <input type="checkbox"/> | 10-14 | <input type="checkbox"/> | 15-19 | <input type="checkbox"/> |
| | | 20-24 | <input type="checkbox"/> | 25-29 | <input type="checkbox"/> | >30 | <input type="checkbox"/> |

Participant Questionnaire

Question 4: Do you suffer from any of the following disorders?

Type I diabetes Yes No Unsure

Type II diabetes Yes No Unsure

High blood pressure Yes No Unsure

Angina or heart attack Yes No Unsure

Poor circulation to the legs Yes No Unsure

Question 5: Current medication

Please list your current medication prescribed by your GP

Question 6: Other medication

Please list any other medication which you take which is not prescribed by your GP