

# International IBD Genetics Consortium

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## Study Template

## Participant Questionnaire

### Study Code

Please stick study label here

**On completion, please return to:**  
IBD Pharmacogenetics Research Office  
The Research, Innovation, Learning and Development Centre (RILD)  
Barrack Road  
Exeter  
EX2 5DW



## Participant Questionnaire

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### Question 1: Your doctors

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

### Question 2: Age diagnosed

At what age were you diagnosed with an inflammatory disorder (IBD, Rheumatoid Arthritis, etc. if applicable)?

### 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

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### 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