

1. Patient personal details

Insurance number:.....

Date of Birth:.....

Gender: female / male

Name:

Race: Indian-Asian / White / Black / N/A

Childhood pancreatitis: yes / no / no data

Admission date:

Last day of treatment:

Date of interview:

Institute:

Physician:

Blood sample code:

Date of blood sampling:

2. Details from the medical history

The clinical final report can be considered as a source document. When the clinical final report and the questionnaire's data don't match, then the source document should be uploaded.

Alcohol consumption: yes / no / no data

if yes: frequency: occasionally/monthly/weekly/daily

amount (g/occassion):.....

For how many years?

Total alcohol consumption in the last 2 weeks:

if not: Did the patient drink alcohol earlier? yes/no/ no data

if yes: frequency: occasionally/monthly/weekly/daily

amount (g/occasion):.....

For how many years?.....

How long ago did the patient stop drinking alcohol?.....

Guide for estimation of the amount:

1 dl beer (4.5 vol. %) = ~3.5 g alcohol

1 dl wine (12.5 vol. %) = ~10 g alcohol

1 dl hard drink (50 vol. %) = ~40 g alcohol

Smoking: yes / no/ no data

if yes: amount (cigarettes/day):.....

How many years ago have you started?

Pack year (automatically calculated)

if not: Did the patient smoke earlier? yes/no/ no data
 if yes: amount (cigarettes/day):.....
 For how many years?.....
 Pack year: (automatically calculated)
 How long ago did the patient stop smoking?

Drug abuse: yes / no / no data

Prescribed medication should not be included here.

if yes: type of drug:..... amount:.....
 For how many years?.....

Diabetes mellitus: yes / no / no data

if yes: type: Type I. / Type II./Type III. c / MODY
 since when (year):.....

Lipid metabolism disorder: yes / no / no data

if yes: since when (year):.....

Any disease of the pancreas: yes / no / no data

Not counting the current episode.

if yes: acute pancreatitis/ chronic pancreatitis/ autoimmune pancreatitis/ tumor/ other
 if other: please describe:.....

If the patient had ACUTE PANCREATITIS in the history:

How many times did the patient have acute episodes before this episode:.....
 When did the patient have the first acute episode (year):.....

If the patient has CHRONIC/AUTOIMMUNE PANCREATITIS:

When was it diagnosed?.....
 When did the patient have the first acute episode (year):.....
 How many times did the patient have acute episodes before this episode:.....

If the patient has PANCREATIC CANCER::

When was it diagnosed?.....
 Was the patient diagnosed with chronic pancreatitis? yes / no / no data
 If yes, when was it diagnosed?.....
 When did the patient have the first acute episode (year):.....

Other information:

Pancreas disorders in family history: yes / no / no data

acute pancreatitis: yes / no if yes: relationship to patient: mother/father/maternal
 grandmother/maternal grandfather/paternal grandmother/paternal
 grandfather/sister/brother/daughter/son/other

chronic pancreatitis yes / no if yes: relationship to patient: mother/father/maternal grandmother/maternal grandfather/paternal grandmother/paternal grandfather/sister/brother/daughter/son/other

autoimmune pancreatitis: yes / no if yes: relationship to patient: mother/father/maternal grandmother/maternal grandfather/paternal grandmother/paternal grandfather/sister/brother/daughter/son/other

pancreas tumor: yes / no if yes: relationship to patient: mother/father/maternal grandmother/maternal grandfather/paternal grandmother/paternal grandfather/sister/brother/daughter/son/other

other (please describe):.....relationship to patient: mother/father/maternal grandmother/maternal grandfather/paternal grandmother/paternal grandfather/sister/brother/daughter/son/other

Congenital Anatomical Malformation of the pancreas: yes / no / no data
 if yes: please describe:

Known illnesses: yes / no / no data
 if yes: please list them: hypertonia/stroke/dementia/chronic renal failure/chronic heart failure/other/tumor
 if other: please describe

Medications taken regularly: yes / no
Please specify the name of the active substance (e.g. "acetylsalicylic acid"). Please specify the amount using the International System of Units –SI (e.g. milligram, gram)
 if yes:

name of the medication:.....active substance:.....dose (without unit, number only)..... unit (gram,milligram, etc.).....if fluid, concentration (e.g. 10%, 1g/2ml, etc.).....how many times per day (e.g. 3)method of administration: no data/intravenous/oral/enteral/ subcutan/other if other: please describe:.....

name of the medication:.....active substance:.....dose (without unit, number only)..... unit (gram,milligram, etc.).....if fluid, concentration (e.g. 10%, 1g/2ml, etc.).....how many times per day (e.g. 3)method of administration: no data/intravenous/oral/enteral/ subcutan/other if other: please describe:.....

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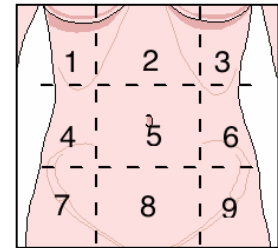
name of the medication:.....active substance:.....dose (without unit, number only)..... unit (gram,milligram, etc.).....if fluid, concentration (e.g. 10%, 1g/2ml, etc.).....how many times per day (e.g. 3)method of administration: no data/intravenous/oral/enteral/ subcutan/other if other: please describe:.....

Diet: yes / no / no data
if yes: please describe:.....

Any other details in the medical history:

4. Complains, symptoms

Abdominal pain: yes / no / no data
if yes: since when (hours):.....
type: cramping / dull / sharp
intensity (1-10):.....
location: diffuse / localized
Please mark the location!
radiation:.....



Nausea: yes / no / no data

Vomiting: yes / no / no data
if yes: how many times:.....
contents of cast: watery / containing food residue / bloody / containg bile / unknown

Subfebrility/fever: yes / no / no data
if yes: since when (hours):.....
Temperature (axiliar) (°C):.....

Appetite: good / retained / bad / no data

Weight loss: yes / no / no data
if yes: How long did it take? (weeks):.....
How much (kg):.....

Stool: normal / diarrhea / constipation / fatty / putrid / undigested food/bloody/mucus/no data
Please refer to the period just before your symptoms has started.

5. Admission details and state

Body weight (kg):.....
Body height (cm):.....