

1. Patient personal details

Insurance number:.....
 Name:.....
 Date of birth:.....
 Gender: female / male
 Race: Not known / White / Black / Asian-Indian /
 Other:.....
 Pediatric pancreatitis: yes / no / no data
 Date of interview:

Country:
 City:
 Institute:
 Doctor code:
 Blood sample code:

 Date of blood sampling

Type of admission: out-patient /inpatient
 If inpatient: Admission date:
 Last day of treatment:
 Number of days in hospital (counted automatically):

2. Diagnosis

Date of clinical diagnosis:

3. Details from the medical history

Alcohol consumption: yes / no / no data
 if yes: frequency: occasionally/monthly/weekly/daily/ no data
 amount (g/day):..... no data
 since when? (years):..... no data

The amount of alcohol consumed in the last 2 weeks: g / no data

If not: Did you drink alcohol earlier? yes / no / no data
 if yes: frequency: occasionally/monthly/weekly/daily / no data
 amount (g/day):..... no data
 since when? (years):..... no data
 How long ago did you stop drinking alcohol? / no data

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):..... no data
 since when (year): no data

Patient Questionnaire

If not: Did you smoke earlier? yes / no / no data
 if yes: amount (g/day):..... no data
 since when? (years):..... no data
 How long ago did you stop smoking? no data

Drug consumption: yes / no / no data *Prescribed medication should not be included here.*
 if yes: type of drug:..... no data
 amount:..... no data
 since when (year):..... no data

Diabetes mellitus: yes / no / no data
 if yes: type: Type I. / Type II. / Type III. C / MODY /no data
 since when (year):..... no data

Lipid metabolism disorder: yes / no / no data
 if yes: since when (year):..... no data

Any disease of the pancreas: yes / no / no data
Please indicate if the patient was treated earlier as an out-patient or as an inpatient.
 if yes: acute pancreatitis/ chronic pancreatitis/ autoimmune pancreatitis/ tumor/ other / no data
 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:..... no data
 When did the patient have the first acute episode (year):..... no data

If the patient has CHRONIC PANCREATITIS:
 When was it diagnosed?..... no data
 When did the patient have the first acute episode (year):..... no data
 How many times did the patient have acute episodes: no data

If the patient has PANCREATIC CANCER:
 When was it diagnosed?..... no data
 Was the patient diagnosed with chronic pancreatitis? yes / no / no data
 If yes, when was it diagnosed?..... no data
 How many times did the patient have acute episodes before this episode?:..... no data
 When did the patient have the first acute episode (year):..... no data

Other information: no data

If the patient had pancreatic disorder in the medical history:
Please indicate the number of previous interventions and accompanying complications.

Medications taken regularly: yes / no / no data
 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:.....

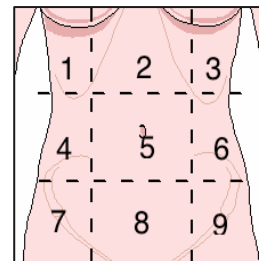
 name of the medication:.....active substance:.....dose (without unit, number only)..... unit (gram,milligram, etc.).....if fluid, concentration (e.g. 10%, 1g/2ml, etc.).....how many times per day (e.g. 3)method of administration: no data/intravenous/oral/enteral/ subcutan/other if other: please describe:.....

 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:.....

Diet: yes / no / no data
 diabetic/ low fatty/ vegetarianism/ vegan/ gluten-free/ lactose-free/ milk-free/ paleo/ other

4. Complains, symptoms

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



If localized, please indicate location!
 radiation:.....

Abdominal pain generally: yes / no / no data
 if yes: no pain between acute episodes / continuous pain but use of analgesics helps to relieve pain / continuous pain despite the use of pain relief medications / no data

Jaundice: yes / no / no data
 if yes: since when (hours): no data

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

Nausea: yes / no / no data

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

Subfebrility/fever: yes / no / no data
 if yes: since when:..... no data
 body temperature (°C): no data

Appetite: good / retained / bad / no data

Stool: normal / diarrhea / constipation / fatty / putrid / undigested food / bloody / mucus / no data

5. Admission details and state

Body weight (kg):..... / no data
Body height (cm):..... / no data