Patient Questionnaire



1. Patient personal details		Country:
Insurance numbe	r:	City:
		Institute:
Gender:	female / male	Doctor code:
Race:	Not known / White / Black / Asian-Indian / Other:	Blood sample code:
•	titis: yes / no / no data :	Date of blood sampling
Type of admission	n: out-patient /inpatient If inpatient: Admission date: Last day of treatment: Number of days in hospital (coun	ted automatically):
2. Diagnosis Date of clinical di	agnosis:	
3. Details from	om the medical history	
ar	tion: yes / no / no data equency: occasionally/monthly/weekly/daily/ no data mount (g/day): no data nce when? (years): no data	
The amou	int of alcohol consumed in the last 2 weeks:	g / no data
if yes: fr ar	id you drink alcohol earlier? yes / no / no data equency: occasionally/monthly/weekly/daily / no data mount (g/day): no data nce when? (years): 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

How long ago did you stop drinking alcohol? / no data

Patient Questionnaire



if yes: amount (g/day):..... no data since when? (years):..... no data How long ago did you stop smoking? no data Prescribed medication should not be included here. **Drug consumption:** yes / no / no data 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. acute pancreatitis/ chronic pancreatitis/ autoimmune pancreatitis/ tumor/ other / no data if yes: 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

Other information: no data

If the patient had pancreatic disorder in the medical history:

If not: Did you smoke earlier? yes / no / no data

Please indicate the number of previous interventions and accompanying complications.







Were there any <u>endoscopic</u> If yes: ERCP/endobiliary ster How many times?	nt/pancreas stent/cysta drainage /no data
Early complications:	none / bleeding / perforation / no data
	mplication shortly after the intervention.
Later complications:	
pancreatic:	none / recurrent acut episodes / pseudocysta / necrosis / abscessus / no data
biliary:	none / obstruction / cholangitis / no data
affecting other orga	ns none / sepsis / MOF / respiratory / kidney / no data
Were there any <u>surgical inte</u> If yes: no data / decompres	yes / no / no data sion surgery / drainage surgery / resection / biliodigestive anastomosis / other if other, description:
How many times?	no data
Early complications: Please indicate only early co Later complications:	none / bleeding / perforation / no data mplication shortly after the intervention.
pancreatic:	none / recurrent acut episodes / pseudocysta / necrosis / abscessus / no data
-	e / obstruction / cholangitis / no data e / sepsis / MOF / respiratory / kidney / no data
Pancreas disorders in family	<u>/ history:</u> yes / no / no data
	es / no if yes: relationship to patient:
chronic pancreatitis: ye	es / no if yes: relationship to patient:
autoimmune pancreatitis: ye	es / no if yes: relationship to patient:
pancreatic cancer: ye	es / no if yes: relationship to patient:
other (please describe):	relationship to patient:
_	ormation of the pancreas: yes / no / no data
it yes: please descr	ibe:
Other illnesses: yes /	/ no / no data
if yes: plea	se list/describe:

Patient Questionnaire



Medications taken regularly: yes / no / no data
if yes:
name of the medication:dose (without unit, numbe
only) unit (gram,milligram, etc.)if fluid, concentration (e.g. 10%, 1g/2ml,
etc.)method of administration: no
data/intravenious/oral/enteral/ subcutan/other if other: please describe:
name of the medication: active substance: dose (without unit number
name of the medication:dose (without unit, numbe 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/intravenious/oral/enteral/ subcutan/other if other: please describe:
data/intravernous/oral/enteral/ subcatari/other in other. please describe
name of the medication:dose (without unit, numbe
only) unit (gram,milligram, etc.)if fluid, concentration (e.g. 10%, 1g/2ml,
etc.)method of administration: no
data/intravenious/oral/enteral/ subcutan/other if other: please describe:
name of the medication:
only) unit (gram,milligram, etc.)if fluid, concentration (e.g. 10%, 1g/2ml,
etc.)method of administration: no data/intravenious/oral/enteral/ subcutan/other if other: please describe:method of administration: no
data/intravernous/oral/enteral/ subcutari/other in other, please describe
<u>Diet:</u> yes / no / no data
diabetic/ low fatty/ vegetarianism/ vegan/ gluten-free/ lactose-free/ milk-free/ paleo/ other

4. Complains, symptoms

yes / no / no data **Abdominal pain currently:**

> if yes: since when (hours):..... no data

> > type: cramping / dull / sharp / no data

intensity (1-10):..... no data

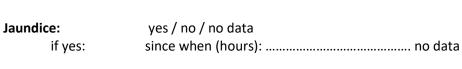
location: localized / diffuse / no data

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

Abdominal pain generally: yes / no / no data

> no pain between acute episodes / continuous pain but use of analgesics helps to relieve if yes:

> > pain / continuous pain despite the use of pain releif medications / no data





PANCREAS REGISTRIES PANCREATIC STUDY GROUP

Patient Questionnaire

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

