

Please fill the acute pancreatitis (AP) form as well if the patient is treated because of the acute shub of chronic pancreatitis!

Patient personal details

Insurance number:.....

First name:.....

Last name:.....

Date of birth:.....

Gender: female / male

Pediatric pancreatitis: yes / no / N/A

Race: Not known / White / Black / Asian / Indian / Other:.....

Date of interview:

Consent form is filled *

I declare that the patient received the necessary information and signed the consent form.

Details from the medical history

Smoking: yes / no / N/A

If yes: amount (cigarettes/day):N / A

for how many years:N / A

If not: Did you smoke earlier? yes / no / N/A

If yes: amount (cigarette/day):N / A

for how many years:N / A

How long ago did you stop smoking?:N / A

Alcohol consumption: yes / no / N/A

If yes: frequency: N/A / occasionally / monthly / weekly / daily

amount (per occasion):..... N / A

for how many years:..... N / A

Total alcohol consumpition in the last two weeks? (g) N / A

Institute:
.....

Doctor code:
.....

Blood sample code:
.....

Date of blood sampling:
.....

If not: Did you drink alcohol earlier? yes / no / N/A

If yes: frequency: N/A / occasionally / monthly / weekly / daily

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

for how many years (years):..... N / A

How long ago did you stop drinking alcohol?:N / A

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

Drug abuse: yes / no / N/A

Prescribed medication should not be included here.

if yes: type of drug:..... N / A

amount:..... N / A

for how many years:..... N / A

Diabetes mellitus: yes / no / N/A

If yes: type: N/A / Type I. / Type II. / Type III. C / MODY

since when (year):..... N / A

Lipid metabolism disorder: yes / no / N/A

If yes: since when (year):..... N / A

Any disease of the pancreas: yes / no / N/A

Please indicate if the patient was treated earlier as an out-patient or inpatient.

If yes: type: 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?:N / A

When did the patient have the first acute episode? (year):..... N / A

Last treatment of acute pancreatitis started: N / A

If the patient has CHRONIC/AUTOIMMUNE PANCREATITIS:

When was it diagnosed?..... N / A

When did the patient have the first acute episode (year):.....N / A

How many times did the patient have acute episodes?:N / A

If the patient has PANCREATIC CANCER:

When was it diagnosed (year)?..... N / A

Was the patient diagnosed with chronic pancreatitis? yes / no / N/A

If yes, when was it diagnosed?..... N / A

How many times did the patient have acute episodes?:..... N / A

When did the patient have the first acute episode? (year):..... N / A

Other information:

If the patient had pancreatic disorder in the medical history

Please indicate the number of previous interventions and accompanying complications.

Were there any endoscopic intervention? yes / no / N/A

If yes: type: ERCP / endobiliary stent / pancreas stent / cysta drainage

How many times?.....

Early complications

N/A /none/bleeding/perforation

Please indicate only early complication shortly after the intervention.

Later complications

pancreatic: N/A /none / recurrent acute episodes / pseudocysta / necrosis / abscessus

biliary: N/A /none / obstruction / cholangitis

affecting other organs: N/A /none / sepsis / MOF / respiratory / kidney

Were there any surgical intervention? yes / no / N/A

If yes: type:

decompression surgery/drainage surgery/resection/biliodigestive anastomosis/hybrid surgery/other

If other, description:.....

How many times?.....

Early complications N/A / none / bleeding / anastomosis insufficiency

Please indicate only early complication shortly after the intervention.

Later complications

pancreatic

N/A/none/recurrent acute episodes/pseudocysta /necrosis/abscessus/fistula formation

biliary

N/A / none/obstruction/cholangitis

affecting other organs

N/A / none / sepsis / MOF / respiratory / kidney

Pancreas disorders in family history: yes / no / N/A

If yes:

acute pancreatitis if yes: relationship to patient:.....

chronic pancreatitis if yes: relationship to patient:.....

autoimmune pancreatitis if yes: relationship to patient:.....

pancreas tumor if yes: relationship to patient:.....

other (please describe):.....relationship to patient:.....

Congenital Anatomical Malformation of the pancreas: yes / no / N/A

If yes: please describe:

Known diseases: yes / no / N/A

If yes: please list/describe them:

Medications taken regularly: yes / no / N/A

If yes:

details:

name:.....active substance:.....
dose.....(g,mg, etc.), if fluid, concentration (e.g. 10%, 1g/2ml, etc.):.....
how many times per day (e.g. 3): Method of administration:.....
other notes:

name:.....active substance:.....
dose.....(g, mg, etc.), if fluid, concentration (e.g. 10%, 1g/2ml, etc.):.....
how many times per day (e.g. 3): Method of administration:.....
other notes:

name:.....active substance:.....
dose.....(g, mg, etc.), if fluid, concentration (e.g. 10%, 1g/2ml, etc.):.....
how many times per day (e.g. 3): Method of administration:.....
other notes:

Diet: yes / no / N/A

If yes: please describe:.....

Vomiting yes / no / N/A

If yes: how many times:..... N / A

Contents of cast: unknown/watery/containing food residue/bloody/containing bile

Subfebrility/fever: yes / no / N/A

 If yes: Since when:..... N / A

 Temperature (axiliar) (°C):..... N / A

Appetite N/A / good / retained / bad

Weight loss yes / no / N/A

 If yes: Weight loss in the last 6 months: (kg) N / A

 Weight loss in the last 3 years: (kg) N / A

Stool: normal / diarrhea / constipation / fatty / putrid / undigested food/bloody/mucus

 If diarrhea: Average number of stools per day: N / A

Enzyme substitution: yes / no / N/A

 If yes: name of medication:

 active substance:

 total dose/day:

 Is the enzyme substitution effective: N/A /no effect / partly effective /
 symptom free

6. Admission details and state

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

Jaundice: yes / no / N/A

If yes: since when: N / A

11. Genetic testing

Has it been performed earlier: yes / no / N/A

If yes, please describe: