MALAYSIAN IBD REGISTRY - CROHN'S DISEASE
Follow Up Form (Proforma-B)

Office use:

Centre/PatientID:

Instruction:
Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◉ are provided, check (√) one box only.

This form is to be completed at patient follow-up at specified duration (30 days / 12 months) after admission

i. Patient ID:_____ **ii. Patient Name:** _____

iii. Reporting Centre:_____ **iv. Date of Follow up** *(dd/mm/yy)* ☐☐ / ☐☐ / ☐☐

SECTION 1: DISEASE CHARACTERISTICS

1. Location

- ◉ L1 - Ileal
- ◉ L2 - Colonic
- ◉ L3 - Ileocolonic
- ☐ L4 - Upper GI

2. Behaviour

- ◉ B1 - Non-stricturing , Non-penetrating
- ◉ B2 - Stricturing
- ◉ B3 - Penetrating/Fistulizing
- ☐ P - Perianal

3. Current disease activity

Harvey Bradshaw Index (HBI)

HBI Score	0	1	2	3	4	5
1. General well being	◉ Very well	◉ Slightly below par	◉ Poor	◉ Very poor	◉ Terrible	
2. Abdominal pain	◉ None	◉ Mild	◉ Moderate	◉ Severe		
3. Number of liquid stools per day	◉ 0 - 1	◉ 2 - 3	◉ 4 - 5	◉ 6 - 7	◉ 8 - 9	◉ 10+
4. Abdominal mass	◉ None	◉ Dubious	◉ Definite	◉ Definite and tender		

5. Complications (score 1 per item)

☐ Arthralgia ☐ Uveitis ☐ Erythema nodosum ☐ Aphthous ulcers
☐ Pyoderma gangrenosum ☐ Anal fissure ☐ New fistula ☐ Abscess

HBI Interpretation	
◉ < 5	Remission
◉ 5 - 7	Mildly active
◉ 8 - 16	Moderately active
◉ ≥ 16	Severely active

TOTAL SCORE :_____
* *(Auto Calculated)*

4. Associated disorders

- ☐ PSC
- ☐ Thromboembolic complication
- ☐ Others_____

5. Updates on Investigations/ procedures done

	Findings	Date (dd/mm/yy)
☐ Endoscopy		☐☐ / ☐☐ / ☐☐
☐ Histology		☐☐ / ☐☐ / ☐☐
☐ Radiology		☐☐ / ☐☐ / ☐☐
☐ Surgery		☐☐ / ☐☐ / ☐☐
☐ DXA Scan	◉ Normal ◉ Osteopeni ◉ Osteoporosi	☐☐ / ☐☐ / ☐☐
☐ Others		☐☐ / ☐☐ / ☐☐

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SECTION 2: THERAPY

1. Medical (Long term/ Maintenance Only)

Medication	Ongoing *Check if YES*	Date	Reason for stopping
☐ **Corticosteroid**	☐	*Date Start :* / / *Date Stop :* / /	
☐ **5-ASA**			
☐ Oral	☐	*Date Start :* / / *Date Stop :* / /	
☐ Topical	☐	*Date Start :* / / *Date Stop :* / /	
☐ **Immunomodulator**			
☐ Azathioprine	☐	*Date Start :* / / *Date Stop :* / /	
☐ 6-mercaptopurine	☐	*Date Start :* / / *Date Stop :* / /	
☐ Methotrexate	☐	*Date Start :* / / *Date Stop :* / /	
☐ Tacrolimus	☐	*Date Start :* / / *Date Stop :* / /	
☐ Cyclosporine	☐	*Date Start :* / / *Date Stop :* / /	
☐ **Biologics**			
☐ **Anti TNF**			
☐ Infliximab	☐	*Date Start :* / / *Date Stop :* / /	
☐ Adalimumab	☐	*Date Start :* / / *Date Stop :* / /	
☐ Golimumab	☐	*Date Start :* / / *Date Stop :* / /	
+ Add Medication			

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SECTION 2: THERAPY (continue)

Medication	Ongoing *Check if YES*	Date	Reason for stopping
☐ **Anti Integrin**			
☐ Vedolizumab	☐	*Date Start :* / / *Date Stop :* / /	
+ Add Medication			
☐ **Anti IL**			
☐ Ustekinumab	☐	*Date Start :* / / *Date Stop :* / /	
☐ Guselkumab	☐	*Date Start :* / / *Date Stop :* / /	
+ Add Medication			
☐ **JAK inhibitors** _____ _____	☐	*Date Start :* / / *Date Stop :* / /	
☐ **Others**_____ _____ _____ _____	☐	*Date Start :* / / *Date Stop :* / /	

2. Surgical

☐ Surgical

	Details	Date (dd/mm/yy)
☐ a. Resection		/ /
☐ b. Perianal		/ /
	☐ Incision and Drainage	/ /
	☐ Seton	/ /
	☐ Fistulotomy	/ /
	☐ Others_____ _____	/ /
☐ **Others**_____ _____		/ /

+ ADD SURGERY

SECTION 3: VACCINATION

1. Vaccine

	Date vaccinated
☐ Influenza	/ *(mm/yyyy)*
☐ HPV	/ *(mm/yyyy)*
☐ Hepatitis B	/ *(mm/yyyy)*
☐ Pneumococcal	/ *(mm/yyyy)*
☐ Varicella	/ *(mm/yyyy)*
☐ Covid	/ *(mm/yyyy)*

SECTION 4: OUTCOME

1. Outcome

◉ Dead	Date of death:	/ / *(dd/mm/yy)*	
	Cause of death:		
◉ Alive	◉ Ongoing follow-up	◉ Clinical remission ◉ Not in remission	
	◉ Transferred to another centre	Date transferred:	/ / *(dd/mm/yy)*
		Name of centre:	
	◉ Lost to follow-up	Date of last follow-up:	/ / *(dd/mm/yy)*
	◉ Malignancy diagnosed	☐ CRC ☐ Skin cancer ☐ Solid organ ☐ Others_____	