MuSIC
Mitochondrial DAMPs as mechanistic biomarkers in Crohn's disease

STUDY ID: ☐☐☐☐-☐☐☐ Subject Initials: ☐☐☐

MUSIC Follow-Up Visit

VISIT DATE

Visit Date: *(DD-MMM-YYYY)* ☐☐-☐☐☐-☐☐☐☐

Visit Time point: ☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months

PATIENT DETAILS

CHI No. ☐☐☐☐☐☐☐☐☐☐

CLINICAL ASSESSMENT

Weight: ☐☐☐.☐ **kg**

Current smoking status: ☐ Yes ☐ No ☐ Ex -smoker **If ex-smoker, when did they stop?** _____

Current active IBD symptoms: ☐ Yes ☐ No

Description of symptoms:	

Physician's Global Assessment: ☐ Remission ☐ Mildly active ☐ Moderately active ☐ Severely active

Comments:

CLINICAL ASSESSMENT – CROHN'S DISEASE

HBI – circle relevant options below

Total = sums of items on table + number of liquid stool/day
<5 remission, 5-7 mild, 8-16 moderate, >16 severe

	1	2	3	4	5
Wellbeing	Very well	Slightly below par	Poor	Very Poor	Terrible
Abdo pain	None	Mild	Moderate	Severe	
Abdo mass	None	Mild	Moderate	Severe	
Arthralgia	No	Yes			
Uveitis	No	Yes			
Erythema nodosum	No	Yes			
Pyoderma gangrenosum	No	Yes			
Anal fissure	No	Yes			

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New fistula	No	Yes			
Abscess	No	Yes			
No. of liquid stools a day: _____			**Total HBI score =** _____		

CLINICAL ASSESSMENT – ULCERATIVE COLITIS
SCCAI – circle relevant options below

	0	**1**	**2**	**3**	**4**
Wellbeing	Very well	Slightly below par	Poor	Very Poor	Terrible
Bowel frequency (day)	1-3	4-6	7-9	>9	
Bowel frequency (night)	0	1-3	4-6		
Urgency of defecation	None	Hurry	Immediately	Incontinence	
Blood in stool	None	Trace	Occasionally frank	Usually frank	
Erythema nodosum	No	Yes			
Pyoderma gangrenosum	No	Yes			
Arthralgia	No	Yes			
Uveitis	No	Yes			
				Total SCCAI score =	_____

CLINICAL ASSESSMENT
PARTIAL MAYO SCORE – circle relevant options below

	0	**1**	**2**	**3**
Stool frequency	Normal	1-2x/day – above normal	3-4x/day above normal	>4x/day above normal
Rectal bleeding	None	Visible in <50% of stools	Visible in >50% of stools	Frank blood
Physician assessment	Normal	Mild	Moderate	Severe
Total Partial Mayo score = _____ (0-9)			<2 remission, 2-4 mild, 5-7 moderate, >7 severe	

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CHANGE IN MAINTENANCE IBD MEDICATIONS

Has there been a change in maintenance IBD medication since the last visit or a plan to change things at this visit? ☐ Yes ☐ No

*this section is for long-term IBD therapy. For steroid use please fill in the outcomes section.

STOPPED MEDICATIONS

Name	Stop Date	Reason for stopping
		☐ Primary non-response ☐ Secondary loss of response ☐ Definite immunogenicity ☐ Adverse effect ☐ Other _____
		☐ Primary non-response ☐ Secondary loss of response ☐ Definite immunogenicity ☐ Adverse effect ☐ Other _____
		☐ Primary non-response ☐ Secondary loss of response ☐ Definite immunogenicity ☐ Adverse effect ☐ Other _____

NEW MEDICATIONS

Name	Dose	Frequency	Start date	Brand name if avail

SIGNIFICANT DOSE CHANGES OF EXISTING THERAPY

Name	Date of change	Description of change

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CURRENT NON-IBD MEDICATIONS

Has there been a significant change in non-IBD medication since the last visit? ☐ Yes ☐ No

We are interested in proton pump inhibitors, antibiotics, NSAIDs and opiate use.

Name	Date of change	Description of change

OUTCOMES

NEW STEROID USE

Any new courses of oral steroids since the last visit? ☐ Yes ☐ No ☐ Ongoing since last visit

Start date of steroid course	Steroid name and dosing regime	Reason for use (eg flare)

Comments:

NEW FLARES

Any new flares since the last visit? ☐ Yes ☐ No ☐ Ongoing since last visit

Approx timeframe of flare	Description	Management of flare (community/inpatient/oral steroids/5-ASA)

Comments:

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HOSPITAL ADMISSIONS

Has the patient had an IBD-related hospital admission since the last visit? ☐ Yes ☐ No

If yes: ☐ CT-abdomen pelvis ☐ MRI small bowel ☐ MRI pelvis

Other, specify: _____

Date of Admission	Date of Discharge	Brief summary of reason for admission

Comments:

SURGERY

Has the patient had an IBD-related surgical procedure since the last visit? ☐ Yes ☐ No

Date of Procedure	Type of Procedure	Comments

Comments:

CHANGE IN MONTREAL CLASSIFICATION

Has the patient had a change in Montreal classification since the last visit? ☐ Yes ☐ No

If yes, date of new Montreal classification: ☐☐-☐☐☐-☐☐☐☐

Crohn's Disease		Ulcerative Colitis	
Location	☐ L1 ileal ☐ L2 colonic ☐ L3 ileocolonic ☐ +/- L4 upper GI disease	**Extent**	☐ E1 Proctitis only ☐ E2 Left-sided UC (distal UC) ☐ E3 Extensive UC (pancolitis)
Behaviour	☐ B1 non-stricturing, non-penetrating ☐ B2 stricturing ☐ B3 penetrating ☐ +/- P perianal disease	**Severity**	☐ S0 Remission ☐ S1 Mild UC ☐ S2 Moderate UC ☐ S3 Severe UC

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SAMPLE COLLECTION

Blood samples

Were blood samples collected?	☐ Yes	☐ No	*If yes, please record date and time collected below*
Serum 4.9ml (NHS)	☐ Yes	☐ No	**Destination:** _____
EDTA 2.7ml (NHS)	☐ Yes	☐ No	**Destination:** _____
EDTA 9ml #1	☐ Yes	☐ No	**Destination:** _____
EDTA 9ml #2	☐ Yes	☐ No	**Destination:** _____
PaxGene ccfDNA	☐ Yes	☐ No	**Destination:** _____
PaxGene RNA	☐ Yes	☐ No	**Destination:** _____

If no, reason not collected: _____

Date Collected: *(DD-MMM-YYYY)* ☐☐-☐☐☐-☐☐☐☐ **Time Collected:** *(24 Hour Clock)* ☐☐:☐☐

Stool samples

Was a stool sample provided?	☐ Yes	☐ No	*If yes, please record date and time collected below*
Faecal calprotectin	☐ Yes	☐ No	**Destination:** _____
qFIT	☐ Yes	☐ No	**Destination:** _____
OmniGut	☐ Yes	☐ No	**Destination:** _____
Standard stool container	☐ Yes	☐ No	**Destination:** _____

If no, reason not collected: ☐ Unable to produce ☐ Other: _____

Date Collected: *(DD-MMM-YYYY)* ☐☐-☐☐☐-☐☐☐☐ **Time Collected:** *(24 Hour Clock)* ☐☐:☐☐

Saliva Sample

Was a saliva sample collected? ☐ Yes ☐ No *If yes, please record date and time collected below*

If no, reason not collected: _____ **Destination:** _____

Date Collected: *(DD-MMM-YYYY)* ☐☐-☐☐☐-☐☐☐☐ **Time Collected:** *(24 Hour Clock)* ☐☐:☐☐

REMINDERS

Has patient completed CUCQ32 questionnaire?	☐ Yes	☐ No	
Has the patient been provided with sample kits to take home?	☐ Yes	☐ No	☐ N/A
Has a follow up visit been arranged?	☐ Yes	☐ No	☐ N/A
Have the patient's medical records been updated following this visit?	☐ Yes	☐ No	