

Registry ID Number:

Registration Date:

Center cod:

National ID Number:

Inpatient

outpatient

Refer from : Health care center (personal physician); consultant physician Gastroenterologist

Cause of refer for Endoscopy: Dyspepsia Dysphagia anorexia haematemesis vomiting

Cause of refer for colonoscopy : FIT positive IDA rectorrhagia personal Hx of polyp or cancer

family Hx of polyp or cancer new onset constipation weight loss abdominal pain Hx of IBD Melena
rectal bleeding decreased caliber of fecal bloating

“Socio-demographic Information”

Hx taken from: Proband Non Proband (Relationship Type)

First Name:

Last Name:

Weight (kg):

Height (cm):

Abdominal circumference (cm):

Date of Birth:

Sex Type: Male Female

Family numbers:

Marital Status: Single Married Divorced Widow

Twin or more: Yes if Yes, number: same sex: Yes No

Place of Birth : (Rural Urban) Place of living(during last 6 mo): (Rural Urban)

Immigration (living there more than 6 month): Yes No if yes

Date						
Place of living						
Rural0/ Urban1						

Ethnicity: Fars Kord Tork Lor Arab Mazandarani Gilani Baloch Other.....

Father Ethnicity: Fars Kord Tork Lor Arab Mazandarani Gilani Baloch Other.....

Mother Ethnicity: Fars Kord Tork Lor Arab Mazandarani Gilani Baloch Other.....

Religion: Islam Cristian Jew Zoroastrian others.....

Education: Illiterate primary secondary bachelor master PhD or MD and more

Monthly family Income(million): <1 1- 2.5 2.5-5 >5 Refused

Insurance Type: private Governmental Without insurance Supplement Insurance: Yes No

Home Address:

AND district:

Home Phone Number:

Job Phone Number:

Cell Phone Number:

Relative Phone Number:

Smoking (at least one cigarette per day for 3 months or longer):Yes No Refused

If Yes: Cigarettes packs per day; Age at first use; Age at stop

Hookah: Yes No Refused If Yes:.....times a week

Alcohol abuse (at least once a week for ≥6 mo): Yes No Refused if yes: Age at first use; Age at stop

If Yes: Daily 1-2 times a week 3 or more times a week

Addiction: Yes No Refused if yes: type (**opiate** Heroin crack others); route (smoking snuffling oral IV); Age at first use; Age at stop

Occupation exposure (during last 10 yrs): Agriculture Industrial Administrative Housewife if Industrial, which one:

Dietary Hx (during last 10 yrs)/servings per mo:

Fruit:; Vegetables and leafy green salads consumption:; Red Meat:

Barbecue meat:; Processed Food:

physical activity (during last 10 yrs; 30 minutes or longer per week): Yes No Refused If yes: min per wk

Clinical manifestation (last 3mon)

Constipation Yes No If yes: Once per week Once per day 2-3 times per week
 Use finger or hose for defecation

Watery diarrhea Bloody diarrhea Rectorrhagia Melena Unexplained weight loss >5% during 6 month Abdominal pain Fever

Bristol stool form Type 1 Type 2 Type 3 Type 4 Type 5 Type 6 Type 7

Drug History

Drug	Duration (mo)	Dose	Drug	Duration (mo)	Dose	Drug	Duration (mo)	Dose
ASA			TCA drugs			Statin		
NSAID			SSRI Drugs			ACE-I or ARB		
Estrogen			PPI drugs			GnRH (Decapeptide)		
MTX			Antipsychotic agent			Psyllium		
Anti-TNF			Gliclazide			Milk of magnesia		
Prednisolone			Insulin			Lactulose		
Tacrolimus			Glibenclamide			Sennaline		
Azathioprine			Pigolithazone			C-lax		
Cellcept			metformin			Pidrolax		
Cyclosporine			Clomipramine			bisacodyl		
Anti-Cholinergic			Ferrous sulfate			Vit D3		
Anti-convulcant			Calcium channel blockers			Calcium		

Radiotherapy o (Duration/Location)

Past Medical History

IBD -Type: UC CD IC -Duration: months -Extension: Proctitis Left sided Extensive or Pancolitis

Diabetes mellitus - Duration (yr): Coronary heart diseases underwant: CABG PCI Only Medical Rx

Dementia CVA CKD Parkinson MS Cirrhosis

Stroke : heart yrs ago Brain Yrs ago

Transplantation -Renal yrs ago -Liver yrs ago -Heart yrs ago -Bone marrow yrs ago

Acromegaly cholecystectomy yrs ago Ureterocolic anastomosis yrs ago

Orchidectomy (Medical (GnRH,) Surgical) Lynch syndrome

Colectomy : Yrs ago Gastrectomy : Yrs ago Hysterectomy : Yrs ago

Hx of polyp Stomach Small intestine

Colorectal If yes: complete the ex- colonoscopic findings

Date (y/m)	Number	Larger size (mm)	Type*	Pathology†
			Ped <input type="checkbox"/> Ses <input type="checkbox"/> Flat <input type="checkbox"/> NS <input type="checkbox"/>	Ad <input type="checkbox"/> Hyper <input type="checkbox"/> Juv <input type="checkbox"/> Ham <input type="checkbox"/> NS <input type="checkbox"/>
			Ped <input type="checkbox"/> Ses <input type="checkbox"/> Flat <input type="checkbox"/> NS <input type="checkbox"/>	Ad <input type="checkbox"/> Hyper <input type="checkbox"/> Juv <input type="checkbox"/> Ham <input type="checkbox"/> NS <input type="checkbox"/>
			Ped <input type="checkbox"/> Ses <input type="checkbox"/> Flat <input type="checkbox"/> NS <input type="checkbox"/>	Ad <input type="checkbox"/> Hyper <input type="checkbox"/> Juv <input type="checkbox"/> Ham <input type="checkbox"/> NS <input type="checkbox"/>
			Ped <input type="checkbox"/> Ses <input type="checkbox"/> Flat <input type="checkbox"/> NS <input type="checkbox"/>	Ad <input type="checkbox"/> Hyper <input type="checkbox"/> Juv <input type="checkbox"/> Ham <input type="checkbox"/> NS <input type="checkbox"/>

Established polyposis syn. Adenomatous (FAP MAP Others)

Hyperplastic Peutz- Jeghers Juvenile polyposis Other

Hx of Cancer (date: y/m; age) CRC .../... ; ... Stomach .../... ; ...

Pancreatobiliary and Gallbladder .../... ; ... Prostate .../... ; ... Small intestine .../... ; ...

Thyroid Nodule .../... ; ... Thyroid cancer .../... ; ... Esophagus

Sebaceous gland tumor .../... ; ... Brain .../... ; ... Urinary tract TCC .../... ; ...

Breast .../... ; ... Keratoacanthoma .../... ; ... Ovary .../... ; ... Endometrial .../... ; ...

* Ped: Pedunculated, Ses: Sessile, Flat: Flat, NS: Not stratified

† Ad: Adenoma, Hyper: Hyperplastic, Juv: Juvenile, Ham: Hamartoma, NS: Not stratified

Family History

Cancer code	Name and Surname	Relation	Dx age	1.Live, 2.Dead	Current age (if live)	Death age	Death due to: 1. cancer 2. non cancer

1. Adenomatous polyps 2. Non- adenomatous polyps 3. Colorectal cancer 4. Endometrial cancer 5. Ovary cancer 6. Small intestine cancer 7. Thyroid Cancer 8. Urinary tract TCC 9. Pancreatobiliary and Gallbladder cancer 10. Prostate cancer 11. Brain cancer 12. Sebaceous gland tumor 13. Keratoacanthoma 14. Breast cancer 15. Other cancer

Colonoscopic findings:

Physician name :

Type of preparation: Standard rapid semi rapid

1.powder (type / number): clean prep /...Colotrans -E /... Pidrolax powder /... NAC :

Tab Bisacodyl :

Preparation of Colonoscopy:

BBPS		3	2	1	0
3=Excellent 2=Good 1=Poor 0=Inadequate					
LC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BBPS= <input type="checkbox"/>					

Fig. 3. Boston bowel preparation scale (BBPS). LC: Left colon, TC: Transverse colon, RC: Right colon.

Findings location	normal	polyp				Tumor(c)	Suspicious to IBD (d)	Others(e)	NBI pattern(1)	Method of polypectomy(2))	Paris classification(3)
		Largest Size (a)	Feature	Polypectomy(P) Bx (B)	number						
Terminal ileum											
cecum											
Ascending colon											
Transverse colon											
Descending colon											
sigmoid											
rectum											
Anal canal											

- a) Size : 1: <5 mm 2: 5-10 mm 3: > 10 mm
 b) 1: Pedunculated 2: sessile 3: Falt 4: diminutive
 c) 1;Circumferential 2 : semi circumferential
 d) 1.U.C 2. C.D 3.Indeterminate
 e) 1. Diverticulla 2.Telangectasia 3.internal hemorrhoid 4.Anal fissure
 5. Solitary rectal Ulcer 6. Others 7. rectal varice

Complications of colonoscopy : 1.Perforation

2.Bleeding : If yes : Mild Mod severe / early (<28 days) late>28 days

3.Cardio pulmonary arrest other 4. surgery due to complication Yes No

5. Death due to complication Yes No

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Cecum intubation time :

Total Time of colonoscopy :

Terminal ileum intubation : yes No

Polyp detection : forward backward

Hyoscine injection : yes no

1:

1.A) faint 1.B) Regular meshwork 1.C) irregular meshwork 1.D) sparse

1. E) normal

2:

2.A) cold snare 2.B) hot snare 2.C) EMR $\left\{ \begin{array}{l} \text{C1. En-block} \\ \text{C2. Piece-meal EMR} \end{array} \right.$

2.D) ESD 2.E) Hybrid ESD

3.

0-Is 0-Ip 0-Isp
0-IIa 0-IIb 0-IIc
0-III

Endoscopy

Findings location		normal	Polyp				tumor (c)	Ulcer (d)	Submucosal lesion (e)	Esophageal varice (f)	Fundal varice	Mucosal break (g)	CLE	Others (H)
			Largest size(a)	Feature (b)	Polypectomy (P) Bx (B)	N								
Esophagus	Upper (third)													
	Middle (third)													
	Lower (third)													
	EGJ													
stomach	cardia													
	fundus													
	body													
	Antrum													
Duodenum	Bulb													
	D2													
	D3													

a. 1: < 5mm 2: 5-10 mm 3: > 10 mm

b. 1: Pedunculated 2: Sessile 3: Flat 4: diminutive

c. 1. Ulcerative 2. Vegetative

d. 1. <1 cm 2. 1-2 cm 3. >2 cm

e. 1.normal mucosa 2. Umblicated 3. Ulcerartive

f. 1.F1 2. F2 3. F3

g. 1.L A-A 2.L A-B 3.L A-C 4. L A-D

h. 1. Petechial hemorrhage 2. Erythema 3. Erosion 4. Nodularity 5.PHG 6.Hitial hernia 7.Atrophy

8.Candida 9.Inlet patch 10.Ulcer dependent NSAID