

**Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.**  
 Rethnam U, Yesupalan RS, Sinha A.

and go to  or

**Comparative Effectiveness of Pharmacologic Therapies for the Management of Crohn's Disease  
 Case-Control Population Form**

**Only complete this form for case-control studies.**

1. Indicate the group. (Mandatory question. Select one response.)

Select an Answer

2. How were these controls selected? (Select all that apply.)

- Nested
- Neighborhood
- Friend/family controls
- Random digit dialing
- Hospital/clinic-based (specify diseases included):
- Other control selection (specify):
- N/A (i.e., cases)

3. What was the total number of cases/controls? (Enter a number between 0 and 999999.)

For the population characteristics below, you can report either n or %.

**Male**

n   %   Gender not reported

**Race**

- White  n   %
- Hispanic  n   %
- Black, African American  n   %
- Asian  n   %
- Other race/ethnicity  n   %   (Specify):
- Other race/ethnicity  n   %   (Specify):
- Other race/ethnicity  n   %   (Specify):
- Other race/ethnicity  n   %   (Specify):

Race not reported

**Smokers**  n   %   (Definition)   Smoking status not reported

**Age at Crohn's diagnosis** (Enter number of years. If only age categories presented, enter minimum and maximum.)

Mean   Median   Minimum   Maximum   
 Age at diagnosis not reported

**Duration of disease** (Enter number of years. If only age categories presented, enter minimum and maximum.)

Mean   Median   Minimum   Maximum   
 Duration of disease not reported

Age at study start (Enter number of years. If only age categories presented, enter minimum and maximum.)

Mean   Median   Minimum   Maximum   
 Age at study start not reported

Disease severity  Metric/source used (specify):

Mild  n   %

Moderate  n   %

Mid-moderate  n   %

Moderate-severe  n   %

Severe  n   %

Remission/Inactive  n   %

Unknown/missing  n   %

Disease severity not reported

Disease location  Metric/source used (specify):

Ileal  n   %

Ileo-colonic  n   %

Colonic  n   %

Perianal  n   %

Disease location not reported

Disease behavior

Inflammatory  n   %

Stricturing  n   %

Penetrating  n   %

Disease behavior not reported

Disease activity Index

CDAI at randomization (RCTs) or study start (cohorts)

Mean   Median   Minimum   Maximum

Pediatric CDAI at randomization (RCTs) or study start (cohorts)

Mean   Median   Minimum   Maximum

Harvey Bradshaw Index at randomization (RCTs) or study start (cohorts)

Mean   Median   Minimum   Maximum

Other disease activity index at randomization (RCTs) or study start (cohorts)

Mean   Median   Minimum   Maximum   Other index (specify):

Disease activity index not reported

IBDQ at randomization (RCTs) or study start (cohorts)

Mean   Median   Minimum   Maximum   IBDQ not reported

CRP at randomization (RCTs) or study start (cohorts)

Mean   Median   Minimum   Maximum   CRP not reported

Diagnosed with Crohn's disease (for observational studies with an IBD population)  n   %   Not reported

Medications taken by patients DURING the study period (Indicate which medications then record N, % of patients, if available)

<input type="checkbox"/> Aminosalicylates	<input type="checkbox"/> n <input type="text"/>	<input type="checkbox"/> % <input type="text"/>
<input type="checkbox"/> Antibiotics	<input type="checkbox"/> n <input type="text"/>	<input type="checkbox"/> % <input type="text"/>

<input type="checkbox"/> Anti-TNF	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Corticosteroids	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Methotrexate	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Thiopurines	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Immunomodulators	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Other medication (specify): <input type="text"/>	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Other medication (specify): <input type="text"/>	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Other medication (specify): <input type="text"/>	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Other medication (specify): <input type="text"/>	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>

**Medications taken by patients BEFORE the study period (Indicate which medications then record N, % of patients, if available)**

<input type="checkbox"/> Aminosalicylates	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Antibiotics	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Anti-TNF	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Corticosteroids	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Methotrexate	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Thiopurines	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Immunomodulators	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Other medication (specify): <input type="text"/>	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Other medication (specify): <input type="text"/>	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Other medication (specify): <input type="text"/>	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Other medication (specify): <input type="text"/>	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>

**Medications taken by patients BEFORE the study period or during the run-in period to INDUCE REMISSION (Indicate which medications then record N, % of patients, if available)**

<input type="checkbox"/> Aminosalicylates	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Antibiotics	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Anti-TNF	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Corticosteroids	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Methotrexate	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Thiopurines	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Immunomodulators	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Other medication (specify): <input type="text"/>	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Other medication (specify): <input type="text"/>	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Other medication (specify): <input type="text"/>	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>
<input type="checkbox"/> Other medication (specify): <input type="text"/>	<input type="checkbox"/> n	<input type="text"/>	<input type="checkbox"/> %	<input type="text"/>

111. Comments (Limit to 250 characters)

112. Comments (Limit to 250 characters)

113. Comments (Limit to 250 characters)

and go to  or Skip to Next