

Questionnaire

1. Patient personal details

First name:.....

Last name:

GOULASH No:

(Automatically generated)

2. Details from the medical history (in the last month)

Alcohol consumption: yes / no
 if yes: frequency: occasionally/monthly/weekly/daily
 amount (g/day):.....

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

Smoking: yes / no
 if yes: amount (cigarettes/day):.....

Drug abuse: yes / no *Prescribed medication should not be included here.*
 if yes: type of drug:..... amount:.....
(if there are more drugs, please describe them in the NOTES section at the end)

Any re-hospitalization?: yes / no

if yes: cholecystectomy: yes no
 recurrent AP: yes no
 other:

Medications taken regularly in the last month: yes / no

Please specify the name of the active substance (e.g. "acetylsalicylic acid"). Please specify the amount using the International System of Units –SI (e.g. milligram, gram)

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

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FORM-C

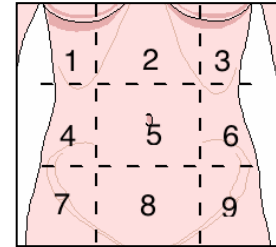
Acute Pancreatitis

GOULASH

Diet: yes / no
if yes: please describe:.....

3. Complains, symptoms

Abdominal pain: yes / no
if yes: since when (hours):.....
type: cramping / dull / sharp
intensity (1-10):.....
location: diffuse / localized
Please mark the location!
radiation:.....



Nausea: yes / no

Vomiting: yes / no
if yes: how many times:.....
contents of cast:.....

Subfebrility/fever: yes / no
if yes: since when:.....
degree (°C):.....

Appetite: good / retained / bad

Weight loss: yes / no
if yes: how much (kg):.....
How long did it take? (weeks):.....

Jaundice: yes / no
if yes: for how long:.....

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

4. Laboratory parameters

OBLIGATORY PARAMETERS

Amylase (U/l)	
Lipase (U/l)	
White blood cell (WBC) count (G/l)	
Red blood cell (RBC) count (T/l)	
Hemoglobin (g/l)	
Hematocrit (%)	
Thrombocyte (G/l)	
C-reactive protein (mg/l)	

OTHER PARAMETERS (if measured):

Serum glucose (mmol/l)	
Blood urea nitrogen (mmol/l)	
Creatinine (umol/l)	
eGFR	
ASAT/GOT (U/l)	
Lactate dehydrogenase LDH (U/l)	
Calcium (mmol/l)	
Sodium (mmol/l)	
Potassium (mmol/l)	
Total protein (g/l)	
Albumin (g/l)	
Cholesterol (mmol/l)	
Triglyceride (mmol/l)	
ALAT/GPT (U/l)	
Gamma GT (U/l)	
Total bilirubin (umol/l)	
Direct/Conjugated bilirubin (umol/l)	
Alkaline phosphatase (U/l)	

5. Imaging examination

Abdominal ultrasonography: yes no
Description:

Ultrasound:

- **Visualization:**
 - Good, complete (head at least partially visualized, body and neck well visualized, tail: partially visualized)
 - Partially, incomplete (only body or only head visualized)
 - Poor, non-diagnostic
- **Size:**
 - Normal
 - Partially enlarged (body AP diameter is over 2 cm and/or head AP diameter is over 2,5 cm, none exceeds 3 cm)
 - Definitely enlarged (any part over 3 cm AP diameter)
- **Peripancreatic fluid:**
 - none
 - present
 - Large pseudocyst(s)

- Size of peripancreatic fluid or pseudocyst: cm
- **Pancreas homogeneity:**
 - o Homogenous
 - o Inhomogeneous, includes area(s) of low echogenicity
 - o Inhomogeneous, includes calcifications
- In case of circumscribed low echogenicity area, it's size: cm
- **Wirsung dilatation:** YES / NO (yes, diameter: mm)

Other Description:

.....

Abdominal Computed Tomography: yes no
 Modified CTSI Score: 0-10.....

*Please NOTE! Abdominal CT is compulsory if
 - Abdominal ultrasonography is not fully completed OR
 - There is any alteration on abdominal ultrasonography*

CTSI Score: (I) Normal pancreas 0 point, intrinsic pancreatic abnormalities with or without inflammatory changes in peripancreatic fat 2 points, Pancreatic or peripancreatic fluid collection or peripancreatic fat necrosis 4 points **(II)** Necrosis absent 0 Points, < 30% necrosis 2 Points, > 30% necrosis 4 points **(III)** presence of extrapancreatic findings 2 points.
 MAXIMUM OF: 10 points

- **CTSI:**

I. Pancreas

- o Normal pancreas
- o Intrinsic pancreatic abnormalities with or without inflammatory changes in peripancreatic fat
- o pancreatic or peripancreatic fluid collection or peripancreatic fat necrosis

II. Size of Necrosis

- o Necrosis absent
- o < 30% necrosis
- o > 30% necrosis
- o > 60% necrosis

III. Extrapancreatic findings

- o presence of extrapancreatic findings

DETAILED REPORT

- **Pancreas Size:**

- o Normal
- o Partially enlarged (body AP diameter is over 2 cm and/or head AP diameter is over 2,5 cm, none exceeds 3 cm)

- Definitely enlarged (any part over 3 cm AP diameter)
- Largest diameter of peripancreatic **fat infiltration**: cm
- **Peripancreatic fluid**:
 - none
 - present
 - Large pseudocyst(s)
- Size of peripancreatic fluid or pseudocyst: cm
- **Necrotizing area** (nonenhancement):
 - Largest diameter of necrosis area: cm
 - Location of necrosis:
 - Type: patchy / full width
 - Estimated necrosis: 0% , < 30% , 30% - 60%, above 60%
- **Wirsung** dilatation: YES / NO (yes, diameter: mm)
- Distant **abdominal fluid**:
 - Small amount (hard to see, less than 2 cm in lesser pelvis, less than 1 cm around liver/spleen)
 - Moderate amount (easy to see, but without pelvic or abdominal distension)
 - Large amount with abdominal/pelvic distension
- **Pleural effusion**:
 - none
 - one sided:..... (AP diameter: cm)
 - Both sides, L - cm, R - cm
- **Extrapancreatic findings**:
 - Inflammation (Cholecystitis, Duodenitis, etc.) location:
 - Cholecystolithiasis
 - Choledocholithiasis
 - Signs of bowel ischaemia
 - Bowel distension, ileus
 - Venous thrombosis
 - Pseudoaneurysm
 - Parenchymal organ involvement, define:

Other Description:

.....

6. Complications *Please register pancreatic complication of fluid collection/pseudocyst/necrosis only if you had imaging proof on the day of admission, otherwise, please mark "no data".*

Pancreatic: yes no no data
if yes: fluid collections /pseudocyst / necrosis / diabetes

Organ failure: yes no
if yes:, lung /heart / kidney /other

Death: yes no
If yes: the exact date of death: e.g. 10.25 or 22.45

7. Epicrisis *A short summary (what happened with the patient after the hospitalization, any recommended control examinations, surgery).*

.....
.....

DATE:

YEAR: MONTH: DAY: HOUR MIN:

NAME OF THE DOCTOR :**SIGNATURE:**

THE RCT IS ORGANIZED BY THE HUNGARIAN PANCREATIC STUDY GROUP

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