APPENDIX 2:
SURVEY QUESTIONNAIRE
PARTICIPANT INFORMATION SHEET

You are being invited to participate in a research study. Before you take part in this research study, the study must be explained to you and you must be given the chance to ask questions. Please read carefully the information provided here. If you agree to participate, please fill up this Questionnaire yourself with utmost sincerity and unbiased opinion and sign the declaration. You will be given a copy of this information sheet to take home with you.

<table>
<thead>
<tr>
<th>STUDY INFORMATION</th>
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<tr>
<td><strong>Protocol Title:</strong> Identification and Characterization of a New Biomarker for Inflammatory Bowel Disease.</td>
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<tr>
<td><strong>Principal Investigator:</strong> Dr. Chander Puri, C.E.O., Yashraj Biotechnology Ltd., Turbhe, Navi Mumbai.</td>
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<tr>
<th>CONFIDENTIALITY OF STUDY AND MEDICAL RECORDS</th>
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<tr>
<td>Information collected for this study will be kept confidential. Your records, to the extent of the applicable laws and regulations, will not be made publicly available. Only your Investigator will have access to the confidential information being collected.</td>
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<td>However, the Sponsoring company, Regulatory Agencies, Institution Review Board and Ministry of Health will be granted direct access to your original medical records to check study procedures and data, without making any of your information public. By signing the Questionnaire attached, you or your legal representative is authorizing such access to your study and medical records.</td>
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<tr>
<td>Data collected and entered into the Case Study form is the property of MGMIHS and Yashraj Biotech Ltd. In the event of any publication regarding this study, your identity will remain confidential.</td>
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<th>WHOM TO CONTACT IF YOU HAVE QUESTIONS</th>
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<tr>
<td>If you have questions about this research study and your rights or in the case of any injuries during the course of this study, you may contact the Investigator, <strong>Mr. Allan Rodrigues.</strong></td>
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<tr>
<td>Address: ‘Shaila Smruti’, Vishramwadi, Holi, Vasai West, Ph. 9823988360.</td>
</tr>
<tr>
<td>If you have questions about the study or your rights as a participant, you can contact the MGM Institute of Health Sciences, the Centralized Institutional Review Board, which is the committee that reviewed and approved this study, MGMIHS, Sector 22, Kamote, Navi Mumbai, during office hours (9:30 am to 4:30pm).</td>
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QUESTIONNAIRE FOR PARTICIPANTS OF THE STUDY

PERSONAL DETAILS:

1. Name: __________________________________________________________

2. Gender: Male ☐ Female ☐

3. Do you have siblings? Yes ☐ No ☐

4. If yes, please state gender and birth year for each sibling:

5. Do you have children? Yes ☐ No ☐

6. Your ethnical background: ____________________

7. Weight: __________

QUESTIONS CONCERNING YOUR HEALTH:

1. Do you have/ have had long lasting/repetitive problems with your stomach? Yes ☐ No ☐

2. If yes, what problems?
   - Diarrhea Yes ☐ No ☐
   - Blood in stool Yes ☐ No ☐
   - Mucus/pus in stool Yes ☐ No ☐
   - Abdominal pain Yes ☐ No ☐
   - Constipation Yes ☐ No ☐
   - Ulcer Yes ☐ No ☐

3. Other problems, please state__________________________________________

4. Have you consulted a doctor regarding these problems? Yes ☐ No ☐

5. Year of diagnosis of your Inflammatory Bowel Disease: _______________

6. Type:
   - Ulcerative Colitis Yes ☐ No ☐
   - Crohn’s Disease Yes ☐ No ☐
   - Don’t know Yes ☐ No ☐

7. Do any of your parents, siblings, spouse or children have Inflammatory Bowel Disease? Yes ☐ No ☐
8. If yes, please state who and which disease:

9. Vaccinations:
   - BCG
     - Yes □
     - No □
   - Measles
     - Yes □
     - No □
   - Diphtheria
     - Yes □
     - No □
   - Tetanus
     - Yes □
     - No □
   - Polio
     - Yes □
     - No □

10. Childhood diseases:
    - Measles
      - Yes □
      - No □
    - Chicken-pox
      - Yes □
      - No □
    - Mumps
      - Yes □
      - No □
    - Jaundice
      - Yes □
      - No □

11. Do you have a pet animal? If yes, which one?

12. Do you smoke? (to smoke is defined as consumption of tobacco for at least six months)
    - Yes □
    - No □

13. How do you consume tobacco?
    - Cigarette
      - Yes □
      - No □
    - Beedi
      - Yes □
      - No □
    - Gutkha/ Paan Masala
      - Yes □
      - No □
    - Toothpaste/ Powder
      - Yes □
      - No □

14. How many cigarettes/ beedis/ gutka packets do/did you consume per day?
    - 1 – 10
      - Yes □
      - No □
    - 11 – 20
      - Yes □
      - No □
    - More than 21
      - Yes □
      - No □

15. Were you exposed to passive smoking for a long time? (If a family member smokes)
    - Yes □
    - No □
16. Have you stopped consuming tobacco after diagnosis if IBD?

Yes ☐ No ☐

17. Do you undertake regular physical activities (walking, jogging, cycling, swimming >30 minutes or similar activities)?

Before diagnosis: Daily/ weekly/ less often

Yes ☐ No ☐

At present: Daily/ weekly/ less often

Yes ☐ No ☐

**FOOD HABITS (BEFORE DIAGNOSIS):**

1. Fruit, all types: Daily / Weekly / Less Frequently
2. Vegetables, all types: Daily / Weekly / Less Frequently
3. Eggs: Daily / Weekly / Less Frequently
4. Bread: Daily / Weekly / Less Frequently
5. Additional sugar in: Breakfast/ Beverages/ Desserts/ None
6. Tea/ Coffee (cups per day): 1 / 2 / 3 or more.
7. Fast food intake: Once a month / Once a week / More than once a week
8. Drinks (Fruit Juices): Daily / Weekly / Less Frequently
10. Drinks (Hard drinks): Daily / Weekly / Less Frequently

**MAJOR STRESSFUL EVENT (BEFORE DIAGNOSIS):**

1. Death of family member. Specify family relationship _______________________
2. Immigration. From ________________________ To ______________________
3. Other ____________________________________________________________

**Declaration:**

*I, the undersigned, hereby declare that the information provided by me in the Questionnaire is true to my knowledge and belief.*

Signature: ___________________ Contact No. _________________________