**Supplement 1:**

**Relevant questions from the NAPS2 Study Questionnaires for variables significant in multivariable analyses, etiology and diabetic status\*:**

(\*some changes were made to some of questions over the three phases of NAPS2 studies. However, these do not significantly impact the information presented in the analyses reported in these analyses).

1. **Patient Questionnaire:**

**Demographics:**

**Sex:** (1)Male (2)Female

**Height: \_\_** ft \_\_ \_\_ inches

**Current Weight:** \_\_ \_\_ \_\_ lbs.

**Greatest Weight:** \_\_ \_\_ \_\_ lbs.

**Coordinator Administered Section:**

**Personal and Family History:**

Have you or any of your family members been diagnosed with any of the following diseases?

Check Yes (Y), No (N) or Unknown (U) to indicate if you or anyone in your family was

diagnosed with the specific disease. If Yes is checked, enter the actual number to the best of your ability. For the “Example disease” below, Y is checked and it is indicated that you, one brother or sister, one grandparent and 2 cousins have all been diagnosed with the disease.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Y | N | U |  | Me | Father / Mother | Brother / Sister | Children | Grand-parents | Aunt / Uncle | Cousins |
|   🗸 |  |  | **Example disease:** | 1 | \_\_ | 1 | \_\_ | 1 | \_\_ | 2 |
|  |  |  | Diabetes (treated by diet/pills) | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |
|  |  |  | Diabetes (treated by insulin) | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |

**Diet and Lifestyle:**

**Alcohol consumption**

***NOTE: one shot of liquor, a mixed drink, one glass of wine or one beer is considered one drink.***

Was there ever a time when you drank beer, wine, wine coolers, liquor, or mixed drinks?

 (1) Yes  (0) No (less than 20 drinks in your life) **🡪** ***STOP***

**If yes,**

Do you **currently** drink alcohol?(1) Yes (0)No

**Questions 2.19 – 2.23 ask about your alcohol consumption during the period of maximum (most) drinking in your lifetime (this could be consecutive or non-consecutive periods of time) (NOTE: It is possible that this period could be “SIMILAR TO” or “OVERLAP WITH” the “years before getting Pancreatitis”. Even in that case, please complete this section.**

**2.19** How old were you when you began drinking **the most alcohol** in your life?\_\_ \_\_

**2.20** On the **AVERAGE** about how many drinks would you have **on a drinking day**? \_\_ \_\_

**2.21** How many **days per month** did you drink **at this level**? \_\_ \_\_

Were there days that you would drink **MORE THAN** the average amount you indicated

above? (1) Yes (0) No 🡪 *Skip to question 2.22*

🡫

If **YES**, how many drinks would you have on these days? **\_\_ \_\_**

How many **days per month** did you drink **at this level**? **\_\_ \_\_**

**2.22** How long did you drink alcohol at the **heaviest level** \_\_ \_\_ **years** or\_\_ \_\_ **months**

1. **Physician Questionnaire:**

**Acute Pancreatitis:**

**Has the patient ever had documented acute pancreatitis (defined as sudden onset of abdominal pain with amylase and/or lipase >3x upper limit of normal or imaging evidence of acute pancreatitis)?**

(1)Yes (0) No ( 3) Unclear (-3) Unknown

🡫

1. **At what age was the patient diagnosed with acute pancreatitis for the first time?**

\_\_ \_\_ years (-3) Unknown

**Chronic Pancreatitis:**

**Does the patient have chronic pancreatitis?**

(1)Yes (2)Suspected (0)No 🡪 *skip to question xx*

**At what age did the patient first have symptoms suggestive of chronic pancreatitis?**

\_\_ \_\_ years (-3)Unknown

**What age was the diagnosis of chronic pancreatitis first established?**

\_\_ \_\_ years (-3)Unknown

**How was the diagnosis of Chronic Pancreatitis first established?**

**(Check all that apply. Note: Failure to check “Yes” or “No” implies “Not applicable” response.)**

(1)Yes (0)No Unknown 🡪 *skip to question xx*

(1)Yes (0)No ERCP

(1)Yes (0)No CT Scan

(1)Yes (0)No MRCP/MRI

(1)Yes (0)No EUS

(1)Yes (0)No Abdominal Ultrasound

(1)Yes (0)No Surgery

(1)Yes (0)No Histology

**Which of the following features were used to establish the diagnosis of chronic pancreatitis? (Check all that apply. Note: Failure to check “Yes” or “No” implies “Not applicable” response.)**

(1)Yes (0)No Unknown 🡪 *skip to question xx*

(1)Yes (0)No Calcifications

(1)Yes (0)No Pancreatic ductal stricture

(1)Yes (0)No Pancreatic atrophy

(1)Yes (0)No Pancreatic ductal dilatation

(1)Yes (0)No Histology

(1)Yes (0)No Pseudocysts/fluid collections

(1)Yes (0)No Other,

specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pain, Exocrine Insufficiency, Endocrine Insufficiency:**

**Does the patient suffer from exocrine insufficiency?**

(1)Yes (0)No 🡪 *skip to question xx* (-3)Unknown 🡪 *skip to question xx*

🡫

Documented by (please check all that apply):

(1)Yes (0)No Unknown 🡪 *skip to question xx*

(1)Yes (0)No Clinical signs

(1)Yes (0)No Stool fat excretion/24 hours

(1)Yes (0)No Fecal chymotrypsin

(1)Yes (0)No Fecal elastase I

(1)Yes (0)No Secretin stimulation test

(1)Yes (0)No CCK stimulation test

What age was exocrine insufficiency first documented?

\_\_ \_\_ years (-3)Unknown

**Does the patient take pancreatic enzyme supplementation?**

(1)Yes (0)No  (-3)Unknown

**Does the patient suffer from endocrine insufficiency?**

(1)Yes (0)No 🡪 *skip to question xx* (-3)Unknown 🡪 *skip to question xx*

🡫

Documented by (please check all that apply):

(1)Yes (0)No Unknown 🡪 *skip to question xx*

(1)Yes (0)No Repeated elevated fasting blood glucose

(1)Yes (0)No Elevated HbA1c

(1)Yes (0)No Abnormal glucose tolerance test

**What age was endocrine insufficiency first documented?**

\_\_ \_\_ years(-3)Unknown

**Does the patient take oral antidiabetics or require insulin treatment?**

(1)Yes (0)No 🡪 *skip to question xx* (-3)Unknown 🡪 *skip to question xx*

🡫

(1)Yes (0)No Oral antidiabetics

(1)Yes (0)No Insulin

**Etiology:**

**In your opinion, to which primary classification group does the patient most likely belongs to? Please choose the ONE GROUP to which you think the patient primarily belongs.**

(1) Alcoholic Pancreatitis

(2) Alcohol-associated pancreatitis

(3) Genetic

(1) Typical Cystic fibrosis

(2) Atypical Cystic Fibrosis

(3) Hereditary Pancreatitis

(4) SPINK1

(5) Other genetic, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(4) Early-onset Idiopathic

(5) Late-onset Idiopathic

(6) Obstructive

(7) Autoimmune Pancreatitis

(8) Autoimmune disease-associated CP

(9) Post-necrotic

(10) Hyperlipidemia/Hypertriglyceridemia

(11) Miscellaneous

(1) Gallstones

(2) Medication

(3) Trauma

(4) Post-ERCP

(5) Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Imaging studies:**

**Indicate which of the following studies the patient has had during evaluation and management of pancreatitis and give the date of the most recent study:**

**Date of most recent study**

CT scan (1)Yes (0)No (-3)Unknown \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

ERCP (1)Yes (0)No (-3)Unknown \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

MRCP (1)Yes (0)No (-3)Unknown \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

MRI (1)Yes (0)No (-3)Unknown \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

EUS (1)Yes (0)No (-3)Unknown \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

**The following questions will ask about the findings on the LAST or MOST RECENT imaging studies that the patient has had during evaluation or management of chronic pancreatitis.**

**FINDINGS ON LATEST/MOST RELEVANT RECENT IMAGING FINDINGS (ANY IMAGING STUDY):**

**PARENCHYMAL FINDINGS:**

Gland enlargement (1)Yes (0)No

Focal Acute Pancreatitis (1)Yes (0)No

Inflammatory changes in the Pancreas (1)Yes (0)No

Peripancreatic inflammation/stranding (1)Yes (0)No

Pancreatic atrophy (1)Yes (0)No

Calcifications in Pancreas (1)Yes (0)No

Pancreatic mass (1)Yes (0)No

Main Pancreatic duct irregularities (1)Yes (0)No

Main Pancreatic duct dilatation (1)Yes (0)No

Main Pancreatic duct obstruction (stricture) (1)Yes (0)No

Abnormal side branches (1)Yes (0)No

Intraductal filling defects or calculi (1)Yes (0)No

Pseudocyst(s) (1)Yes (0)No

Complex cystic mass (suggestive of cystic neoplasm) (1)Yes (0)No

**OTHER FINDINGS:**

Gallstones/Sludge (1)Yes (0)No

CBD stricture (Intrapancreatic portion) (1)Yes (0)No

Dilated CBD (Normal up to 6-7 mm) (1)Yes (0)No

Intrahepatic biliary dilatation(1)Yes (0)No

Changes suggestive of Cirrhosis and/or Portal Hypertension (1)Yes (0)No

(e.g. Cirrhotic Liver, Splenomegaly, Ascites, Varices)

Other findings (1)Yes (0)No

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Therapies:**

**Which therapies were attempted, and which of these were helpful (please check all that apply).**

**Medical Therapies Tried?** (1)Yes (0)No **🡪** *skip to* *question xx*

**If tried:**

Octreotide Tried? (1)Yes (0)No

Pancreatic enzymes Tried? (1)Yes (0)No

Vitamins or Antioxidants Tried? (1)Yes (0)No

Steroids Tried? (1)Yes (0)No

**Endoscopy (ERCP) Tried?** (1)Yes (0)No🡪  *Skip to question xx*

**If tried:**

Sphincterotomy (biliary) Tried? (1)Yes (0)No

Sphincterotomy (pancreatic) Tried? (1)Yes (0)No

Bile duct stenting Tried? (1)Yes (0)No

Pancreatic duct stenting Tried? (1)Yes (0)No

Pancreatic duct stone removal Tried? (1)Yes (0)No

**Surgical Therapies Tried?** (1**)**Yes (0**)**No

**If tried:**

Cholecystectomy Tried? (1)Yes (0)No

Surgical Sphincterotomy Tried? (1)Yes (0)No

Celiac nerve block Tried? (1)Yes (0)No

Cyst/pseudocyst operation Tried? (1)Yes (0)No

Drainage Operation Tried? (1)Yes (0)No

Partial or complete removal

of the pancreas Tried? (1)Yes (0)No

Choledochojejunostomy/

Hepaticojejunostomy/other biliary drainage Tried? (1)Yes (0)No