

Supplemental Figure 5

Doc Flowsheets ? Resize

File Add Row Add Group Add LDA Cascade Add Col Insert Col Device Compact Last Filed Graph Details Go to Date Values By Refresh Legend Link Lines

Flowsheet: IBD Outpatient Clinic Encounter Vitals

IBD Outpati...	<input checked="" type="checkbox"/>	6/24/11
Patient GL...	<input checked="" type="checkbox"/>	1120
Patient R...	<input checked="" type="checkbox"/>	
Patient Global Assessment		
General Well Being		
Overall, How do you feel TODAY		
Rate the best you have felt in your life		
How confident are you in managing your disease?		
Patient Recent History (1 week before this visit)		
Please rate your Abdominal Pain		
Average number of bowel movements per day		
Most stools are		
Average number of liquid (watery) stools per day		
Number of bloody stools/day		
If stools have blood, it is usually:		
Do you wake up at night with diarrhea		
Limitations in daily activities?		
How often do you miss school?		