

CELIAC DISEASE SEROLOGICAL TESTING QUESTIONNAIRE

1 Please indicate the appropriate response

<input type="checkbox"/>	This is not my patient
<input type="checkbox"/>	This is a patient who was formerly in my care
<input type="checkbox"/>	This is a patient who remains in my care (Please indicate date of last visit _____)

2. If this is a former or current patient, please indicate the appropriate response regarding celiac screening tests ordered

<input type="checkbox"/>	I ordered the celiac screen and followed up on results. _____
<input type="checkbox"/>	This test was not ordered by me _____
<input type="checkbox"/>	The incorrect test was done by the laboratory _____
<input type="checkbox"/>	The patient records are no longer available _____
<input type="checkbox"/>	The results were not received by me _____
<input type="checkbox"/>	Other _____

3a. Was a biopsy performed as a follow up to this celiac screen? Yes or No

If yes, please indicate date, location of biopsy, results of test and pathology reference number (if available)

3b. If you answered NO to question 3a, please indicate clinical rationale by choosing each option that applies to your patient (multiple choices may be made)

<input type="checkbox"/>	I was unable to contact the patient
<input type="checkbox"/>	Test results indicated a low antibody titre that is likely a false positive
<input type="checkbox"/>	Test results were likely a false positive due to a known medical condition (eg. type 1 diabetes, inflammatory bowel disease, or liver disease) Please indicate condition _____
<input type="checkbox"/>	Test results did not appear to be indicative of celiac disease
<input type="checkbox"/>	Patient was not experiencing symptoms of celiac disease
<input type="checkbox"/>	Symptoms had resolved
<input type="checkbox"/>	Patient was unwilling to undergo intestinal biopsy
<input type="checkbox"/>	Patient was unable to undergo intestinal biopsy for medical reasons (Please specify _____)
<input type="checkbox"/>	Patient had previous intestinal biopsy and this was a follow up test. Please provide further details below
<input type="checkbox"/>	Patient has biopsy-proven celiac disease, serology done to demonstrate improvement on a gluten free diet.
<input type="checkbox"/>	Patient has biopsy-proven celiac disease, serology was to assess compliance with a gluten-free diet
<input type="checkbox"/>	Previous biopsy was not diagnostic of celiac disease and serology was done to evaluate for higher titres to determine if a 2 nd biopsy should be done.
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Patient had already started on a gluten-free diet. Please provide further details below .
<input type="checkbox"/>	Prolonged wait for consultation with gastroenterologist
<input type="checkbox"/>	Patient's history or family history was strongly suggestive of celiac disease
<input type="checkbox"/>	Patient began a gluten free diet despite physician's recommendation for a biopsy
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Patient is currently awaiting an intestinal biopsy
<input type="checkbox"/>	Other _____

4. What sources did you use to learn about the use of serology in the diagnosis and management of celiac disease? (Mark all that apply.)

<input type="checkbox"/>	Medical journals	<input type="checkbox"/>	Alberta celiac disease guidelines
<input type="checkbox"/>	Continuing medical education	<input type="checkbox"/>	Expert opinion
<input type="checkbox"/>	Conferences	<input type="checkbox"/>	Web-based sources
<input type="checkbox"/>	Residency training experience	<input type="checkbox"/>	Other _____