

Supplementary Material

Detailed questions used in the current survey

Baseline characteristics

1. What is your country?
2. Are you a man or a woman?
 - 1) Male
 - 2) Female
3. What is your type of practice?
 - 1) Non-academic clinic
 - 2) Academic teaching hospital
 - 3) Other (please specify, _____)
4. What is your specialty?
 - 1) Gastroenterologist specializing in inflammatory bowel disease (IBD)
 - 2) General gastroenterologist
 - 3) Surgeon
 - 4) Pediatrician
 - 5) Other (please specify, _____)
5. How long have you been caring for patients with IBD?
 - 1) Less than 5 years
 - 2) More than 5 years; less than 10 years
 - 3) More than 10 years
6. How many patients with IBD are registered in your unit?
 - 1) Less than 100
 - 2) 100–500
 - 3) More than 500
 - 4) NA
7. How many patients with ulcerative colitis (UC) do you care for in your practice?
 - 1) Less than 100
 - 2) 100–500
 - 3) More than 500
 - 4) NA
8. How many patients with Crohn's disease (CD) do you care for in your practice?
 - 1) Less than 100
 - 2) 100–500
 - 3) More than 500
 - 4) NA

Diagnosis

1. What guidelines for diagnosis of IBD do you use most commonly in your practice?
 - 1) European Crohn's and Colitis Organisation guideline
 - 2) Guidelines of the American College of Gastroenterology
 - 3) Guidelines of the British Society of Gastroenterology
 - 4) Asia-Pacific consensus
 - 5) National guidelines of your country (if any)
 - 6) I do not use guidelines for IBD diagnosis

2. How often do you check fecal calprotectin for IBD patients?
 - 1) Only at diagnosis
 - 2) Every 1 month
 - 3) Every 3 months
 - 4) Every 6 months
 - 5) Do not check

3. Do you classify the disease extent of your UC patients according to the Montreal classification at the time of diagnosis of UC?
 - 1) Always (90%–100%)
 - 2) Usually (70%–90%)
 - 3) Sometimes (30%–70%)
 - 4) Rarely (10%–30%)
 - 5) Never (0%–10%)

4. What index/scoring system do you use most commonly in your practice for assessing disease activity? (multiple choices)
 - 1) (Modified) Truelove-Witts' severity index
 - 2) Mayo score
 - 3) Pediatric UC Disease Activity Index (UCDAI)
 - 4) Others (please specify, _____)
 - 5) I do not use a scoring system

5. Do you perform endoscopic examination including sigmoidoscopy to document activity and extent of the disease at the time of diagnosis of UC?
 - 1) Always (90%–100%)
 - 2) Usually (70%–90%)
 - 3) Sometimes (30%–70%)
 - 4) Rarely (10%–30%)
 - 5) Never (0%–10%)

6. What index/scoring system do you use for assessing the endoscopic severity of your UC patients?
 - 1) Mayo score
 - 2) Ulcerative Colitis Endoscopic Index of Severity (UCEIS)
 - 3) Both of them
 - 4) I do not use a scoring system

7. How often do you perform biopsies for each segment explored, including the rectum, to document activity and extent of the disease?
- 1) Always (90%–100%)
 - 2) Usually (70%–90%)
 - 3) Sometimes (30%–70%)
 - 4) Rarely (10%–30%)
 - 5) Never (0%–10%)
8. How often do you perform serologic tests for anti-neutrophil cytoplasmic antibody (ANCA) and/or anti-*Saccharomyces cerevisiae* antibody (ASCA) for suspected UC?
- 1) Always (90%–100%)
 - 2) Usually (70%–90%)
 - 3) Sometimes (30%–70%)
 - 4) Rarely (10%–30%)
 - 5) Never (0%–10%)
9. How often do you perform microbiological culture for suspected UC?
- 1) Always (90%–100%)
 - 2) Usually (70%–90%)
 - 3) Sometimes (30%–70%)
 - 4) Rarely (10%–30%)
 - 5) Never (0%–10%)
10. How often do you perform *Clostridioides difficile* test for suspected UC?
- 1) Always (90%–100%)
 - 2) Usually (70%–90%)
 - 3) Sometimes (30%–70%)
 - 4) Rarely (10%–30%)
 - 5) Never (0%–10%)
11. Do you classify your CD patients according to the Montreal classification at the time of diagnosis of CD?
- 1) Always (90%–100%)
 - 2) Usually (70%–90%)
 - 3) Sometimes (30%–70%)
 - 4) Rarely (10%–30%)
 - 5) Never (0%–10%)
12. What index/scoring system do you use most commonly in your practice for assessing disease activity? (multiple choices)
- 1) Crohn's Disease Activity Index
 - 2) Harvey Bradshaw Index
 - 3) Pediatric CDAI
 - 4) International Organization for the Study of Inflammatory Bowel Disease (IOIBD) score
 - 5) Others (please specify, _____)
 - 6) I do not use a scoring system

13. How often do you intubate terminal ileum during colonoscopy to document activity and extent of the disease for suspected CD?

- 1) Always (90%–100%)
- 2) Usually (70%–90%)
- 3) Sometimes (30%–70%)
- 4) Rarely (10%–30%)
- 5) Never (0%–10%)

14. What kind of small bowel imaging modality do you use most commonly in your practice for CD? (multiple choices)

- 1) Small bowel follow-through or enteroclysis
- 2) Abdominal ultrasonography
- 3) Conventional computed tomography (CT)
- 4) CT enterography
- 5) Magnetic resonance (MR) enterography
- 6) Balloon-assisted enteroscopy
- 7) Capsule endoscopy
- 8) I do not perform small bowel imaging studies

15. How often do you perform esophagogastroduodenoscopy (EGD) to evaluate the upper gastrointestinal tract after the diagnosis of CD?

- 1) Always (90%–100%)
- 2) Usually (70%–90%)
- 3) Sometimes (30%–70%)
- 4) Rarely (10%–30%)
- 5) Never (0%–10%)

16. Which of the following procedures do you perform in your practice to evaluate perianal disease in suspected cases? (multiple choices)

- 1) Ultrasound
- 2) CT
- 3) MRI
- 4) Examination under general anesthesia
- 5) Consult surgeon
- 6) I do not perform any of these procedures

17. How often do you perform serologic tests for ASCA and/or ANCA for suspected CD?

- 1) Always (90%–100%)
- 2) Usually (70%–90%)
- 3) Sometimes (30%–70%)
- 4) Rarely (10%–30%)
- 5) Never (0%–10%)