**Supplemental Materials:**

**Additional Results:**

***Age preference for EEN use***

School age children and adolescents were regularly treated with EEN (92% and 88%, respectively) and EEN was used frequently in young children (2-6y; 68%; **Fig. S2A**). The extremes of the pediatric age range were less frequently treated by EEN, with use for young adults (>17 years) at 52% and 45% use for infants (0-2 years). Regional comparison found that North Americans had higher rates of use in young adults (>17 years), with 71% in Canada and 84% in the US (UK 36%, Spain 40%, Europe-Other 43%; **Fig. S2B**). Regarding breakdown by profession, PGE-IBD did not treat young adults (>17yrs) with EEN as often as other professions [35% vs. 53% and 86% for PGE-all and PGD (dietitians), respectively; **Fig. S2C**].

***Choice, concentration, and quantity of EEN formulas***

The majority (55%) of respondents instruct their patients to consume 120% of their recommended dietary allowance of energy (RDA) during a flare; 36% instruct consumption of 100% of their energy requirement (**Fig. S4**). The majority of Gastroenterologists (62% PGE-all, 59% PGE-IBD) aimed at delivering 120% of the RDA at flare, while the majority of dietitians (64%) recommended 100% of RDA; 29% of PGD recommended 90% and 7% recommended consuming 120% of RDA. The most commonly formula used for first line EEN was Modulen IBD (62%; marketed in some countries as Resource IBD), followed by Ensure/Ensure Plus (38%), Pediasure (28%), and Nutren/Nutren Junior (18%; participants could select more than one option).

***Route of EEN administration***

Most regions had the highest response for starting oral (Spain 95%, UK 73%, Europe-Other 51%, US 47%), except Canada, where the highest response was for presenting both options for the patient/family to decide (48%; 37% start oral).

***Clinical setting for EEN initiation***

If EEN was provided by nasogastric tube (NG), it was more often initiated as an out-patient (43%). NG teaching was provided in an in-patient setting 27% of the time, and was variable 27% of the time.

***Coverage of cost***

The majority (61%) always had EEN covered by the public health care system. Seventeen percent were only partially covered by the public health care system and 16% were only covered by the public health care system if given by NG. Coverage by public health care was more common in European countries (UK and Spain - 100% always covered by the public health care system, Europe-Other 65% always covered and 27% partially covered). Coverage in US was largely by private health insurance, but only if the patient had coverage (53%), and in Canada 54% was covered by public health care but only if given by NG (24% always covered by the public health care) (**Table S6**).

***Transitioning off EEN***

The majority (86%) transitioned off EEN gradually, with 63% asking patients to reduce the formula and increase other foods over a specific time period; 23% provide a detailed program on what to introduce and when. Fourteen percent did not suggest a gradual transition, allowing patients to start eating an unrestricted diet when EEN was complete. For the transition diet, 38% provided detailed guidance on a “healthy diet” (following standard food guides), and 35% allowed a diet at the patient’s choice (**Table S7)**. Twelve percent asked patients to follow a specific diet [*e.g*., specific carbohydrate free (SCF); Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polyols (FODMAPs); Crohn’s Disease Exclusion Diet (CDED); gluten free], and 10% asked patients to avoid specific foods (but did not fall into any of the above categories).

The majority of responders (69%) indicated that in some cases they encouraged patients to continue with partial EN (PEN) for maintenance of remission. Of those who did, 23% continued in less than 10% of cases, 37% continued PEN 10-40% of the time, 16% continued in 40-70% of cases, and 24% continued in more than 70% of cases. Regionally, there was variation in how often PEN is used after completing the EEN course, with Canada, UK, and Europe-Other having the highest response rate for continuation 10-40% of the time (37%, 50%, and 42%, respectively). Continuation less than 10% of the time was the highest response in US (50%), while in Spain, the highest response was continuation more than 70% of the time (41%).

***Adherence to EEN program:***

The majority of respondents (79%) indicated that over 70% of their patients completely followed their guidance on EEN, with 34% having above 90% fully following their guidance (although this was almost always an estimate and not confirmed with patients).

**Supplementary Figure Legends:**

**Figure S1**: Timing of EEN use – at initial diagnosis and/or during a flare.

**Figure S2**: Age preference for use of EEN: overall (A), by region (B), and by profession (C).

Proportion of survey participants indicating preference for use of EEN by age group.

E-O: Europe-Other (excludes UK and Spain); Peds GE: pediatric gastroenterologist.

**Figure S3**: Choice of EEN concentration: overall (A), by region (B), and by professions (C).

E-O: Europe-Other (excludes UK and Spain); Peds GE: pediatric gastroenterologist.

**Figure S4**: Percent of RDA goal for EEN: overall (A), by region (B), and by professions (C).

E-O: Europe-Other (excludes UK and Spain); Peds GE: pediatric gastroenterologist.