**Supplementary Table 1.** Complete Survey

**Enteral Nutrition for Pediatric IBD – International Questionnaire**

As the popularity of EEN in pediatric IBD is increasing, many of us have gained valuable experience and have developed ‘tricks’ to increase feasibility and palatability, leading to higher success rates. These specific details can have a huge impact on the bottom line – response to therapy and quality of life.

Through this short exercise we hope to learn and share the ‘tricks of the trade’ and spread the knowledge to improve our practice. The questionnaire is sent to all ESPGHAN IBD interest group members (Porto group), Canadian Pediatric IBD Network members, as well as leading practitioners around the world. This will also assist in defining the global practice trends.

Thank you for considering your participation; we would be delighted if you could share this with your colleagues and anyone else you think could contribute. Specifically, we are interested in dietitians and nurses who in many cases spend much of their time instructing patients. All results will be shared with participants and we will consider publishing any interesting findings, but the main goal is to improve EN care for children with IBD.

Eytan

1. **Demographics:**
	1. Which country are you practicing in? \_\_\_\_\_\_\_\_\_
	2. What is your role?
		1. Pediatric gastroenterologist (treats all conditions)
		2. Pediatric gastroenterologist with specific focus on IBD
		3. Pediatric gastroenterology nurse
		4. Pediatric gastroenterology dietitian
		5. Other health care provider \_\_\_\_\_\_\_\_\_
	3. How many IBD patients do you see on an average week? \_\_\_\_\_
	4. How many years have you been treating IBD patients? \_\_\_\_\_\_
	5. Does your centre have a dedicated IBD clinic? \_\_\_\_\_\_
2. **EN treatment algorithm:**
	1. Which of the following indications would you consider EN to be the first line therapy in your practice (include all that apply)?
		1. Distal small bowel Crohn disease +/- limited cecal disease (Paris L1)
		2. Mainly colonic Crohn disease (L2)
		3. Ileocolonic Crohn disease (L3)
		4. L1 + significant upper GI disease (L4a or L4b)
		5. L2 + (L4a or L4b)
		6. L3 + (L4a or L4b)
		7. L1 + significant perianal disease
		8. L2 + significant perianal disease
		9. L3 + significant perianal disease
		10. Selective cases of ulcerative colitis
	2. When do you use EN?
		1. Only at initial diagnosis
		2. With every flare (if responded in past)
		3. At initial diagnosis and occasionally when changing other therapies during a flare
	3. Age preference (choose all that apply):
		1. 0-2 years
		2. 2-6 years
		3. School age, prepubertal (Tanner 1-2)
		4. School age, late or postpubertal (Tanner 3-5)
		5. Young adults (>17years)
	4. Choice of formula: categories
		1. I only use elemental formulas
		2. I only use polymeric formulas
		3. I use semielemental formulas
		4. I have no preference
	5. Choice of formula: which of the following would you use as first line EN (choose more than one if applicable)?
		1. Modulen IBD
		2. Ensure /Ensure plus
		3. Nutren /Nutren junior
		4. Vivonex
		5. Pediasure
		6. Elemental 028
		7. Other \_\_\_\_\_\_\_\_\_\_\_\_
	6. Switching formula (not including different flavors of the same formula):
		1. I always let my patients try a few options and let them decide and stick to that formula
		2. I always use the same formula with no flexibility
		3. I consider switching formula if the patient is not managing
		4. other
	7. Duration: I usually treat for X weeks:
		1. 4 weeks
		2. 6 weeks
		3. 8 weeks
		4. 10 weeks
		5. 12 weeks
		6. Other \_\_\_\_\_\_\_
	8. Route: what is your preferable option?
		1. Always start oral; switch to NG only if not tolerated
		2. Always start NG; switch to oral only if patient unwilling/unable
		3. Always NG
		4. Present both options to the patient/family to decide
3. **‘Tricks of the trade’**
	1. Exclusivity: do you allow any other intake (other than water)?
		1. No (move to section IV)
		2. Yes (continue below)
	2. What percentage of calories do you instruct your patients to get from EN?
		1. 100%
		2. 90-99%
		3. 70-89%
		4. 50-69%
		5. 49% or less
	3. If you allow other calories (‘cheats’), what do you allow (indicate all relevant options)?
		1. Any food, as long as they meet the % restriction
		2. One meal a day – no instructions on what food
		3. One meal a day – with very specific instructions on what they can eat [please include details in section (d)]
		4. One meal a day – with general guidelines on what to avoid [e.g., dairy, meat, processed food… please include details in section (d)]
		5. Only addition of artificial sweetener/flavors to formula [please include details in section (d)]
		6. Only juices, no food [please include details in section (d)]
		7. Only water
		8. Only clear fluids (soda drinks; clear broth)
		9. Only candy and gum [please include details in section (d)]
		10. I liberate the diet if the patient is not able to continue with EEN
	4. Please provide details on your approach to ‘cheats’ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	5. Please provide a detailed list of allowed cheats (e.g., gum, candy, juice, soft drink, broth, flavouring…) \_\_\_\_\_\_\_\_\_\_\_\_
4. **Managing your EN program:**
	1. Do you have a written protocol used to teach patients?
		1. Yes, used by all members of my division/department
		2. Yes, but only used by practitioners who focus on IBD
		3. No, but we practice as a group in a uniform way
		4. No, we each do our own thing
	2. Do you have any support for your EN program (indicate all that apply)?
		1. Dietitian
		2. Nurse
		3. Social worker
		4. Psychologist
		5. Child health specialist (helps with coping)
		6. No. It’s a one person show
	3. Who does most of the teaching for EN?
		1. Gastroenterologist
		2. Nurse
		3. Dietitian
		4. Whoever has time
	4. If you choose to provide EN by NG, how is this done?
		1. Always as an out-patient
		2. Always as an in-patient
		3. Variable
	5. Who pays for the formulas?
		1. Always from patient’s pocket
		2. Always covered by the public health care system
		3. Always covered by private health insurance
		4. Covered by private health insurance but only if patients have coverage
		5. Only if given by NG covered by the public health care
		6. Only if given by NG covered by private health insurance but only if patients have coverage
		7. How does coverage of cost affect the choice of EEN? \_\_\_\_\_\_\_\_\_\_\_
	6. Do your patients have access to support by the team after starting therapy?
		1. No
		2. Yes, there is a dedicated person who is usually available on the phone (‘hotline’)
		3. Yes, there is a dedicated person who is usually available in person
		4. Patient calls the clinic and whoever is available tries to assist
		5. Dealt with on a case-by-case basis
5. **Transitioning off EN**
	1. Is the transition off EN gradual?
		1. No. Once done X weeks they can start eating ‘normal food’
		2. Yes. Patients are asked to reduce the formula and increase other foods over the following time period: \_\_\_\_\_\_\_\_\_\_\_\_
		3. Yes. We provide a detailed program on what to introduce when: \_\_\_\_\_\_\_\_\_\_\_
	2. What diet do you transition to after EN course is complete?
		1. Diet at patient’s choice (previous diet)
		2. Follow a specific diet (e.g., specific carbohydrate free; FODMAPs; CDED; gluten free…): \_\_\_\_\_\_\_\_\_\_\_\_\_
		3. Ask them to avoid specific foods (but not any of the above): \_\_\_\_\_\_\_\_\_\_\_\_
		4. Provide detialed guidance on a ‘healthy diet’ (following standard food guides)
		5. Other
6. **General questions:**
	1. What other innovations have you implemented in your EN program that you would agree to share? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Are there any other ideas you have that you would like to try? \_\_\_\_\_\_\_\_\_\_\_\_\_
	3. How satisfied are you with the way your EN program is running?
		1. Very satisfied
		2. Somewhat satisfied
		3. Neutral
		4. Somewhat unsatisfied
		5. Very unsatisfied
	4. What are the major barriers to you treating more patients with EN (mark all that apply)?
		1. Don’t think it is as effective as other therapeutic options
		2. Poor adherence due to palatability
		3. Poor adherence due to monotony (taste fatigue)
		4. Too much effort; much less time consuming to just write a prescription
		5. Lack of dietitian/nurse support
		6. Too costly to my practice
		7. Too costly to my patients
		8. No barriers
	5. What would you most like to improve in EN care? \_\_\_\_\_\_\_\_\_\_\_
	6. What percentage of your patients with Crohn disease receives EN at diagnosis? \_\_\_\_ Is this based on an estimate or actual data? \_\_\_\_\_\_
	7. In your assessment, what percentage of your patients actually fully follow your guidance on EN?
		1. Above 90%
		2. 70-89%
		3. 50-69%
		4. Below 50%
7. **Your details:**
	1. I prefer to remain anonymous
	2. Name: \_\_\_\_\_\_
	3. Email: \_\_\_\_\_\_\_
	4. I agree to be contacted and to provide additional details on how I use EN
	5. Please send me the results of the survey and analysis when completed