Supplementary Material for:

Self-reported dietary adherence, disease-specific symptoms, and quality of life are associated with healthcare provider follow-up in celiac disease

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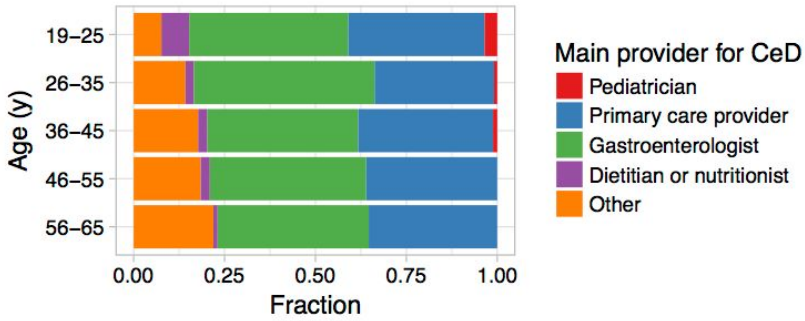
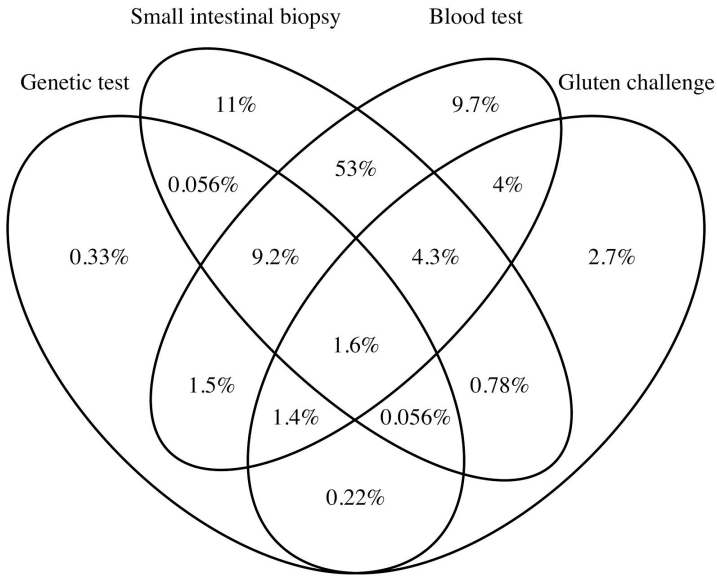
Figure S1



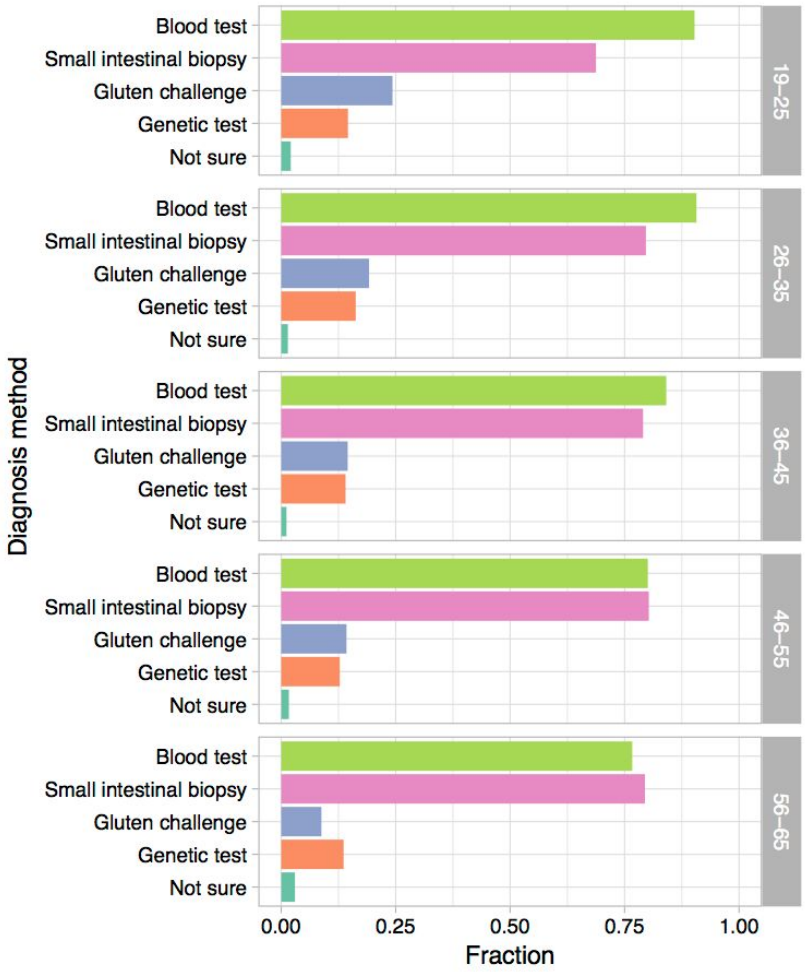
Self-reported information on who the respondent considers his/her main provider for CeD.

Figure S2



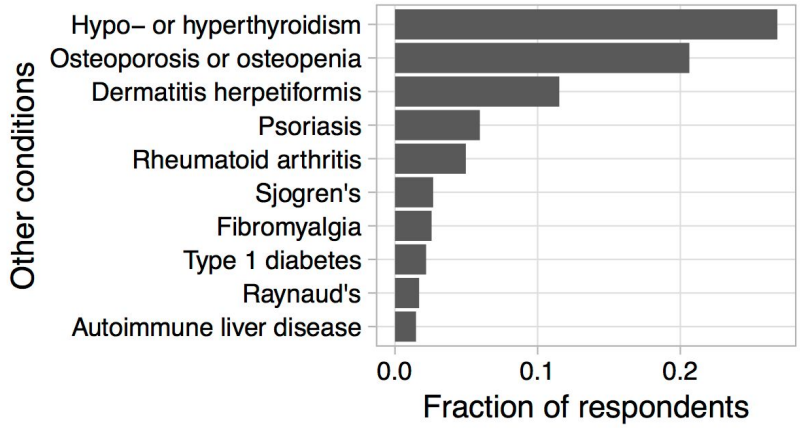
Venn diagram of self-reported diagnosis methods across all respondents.

Figure S3



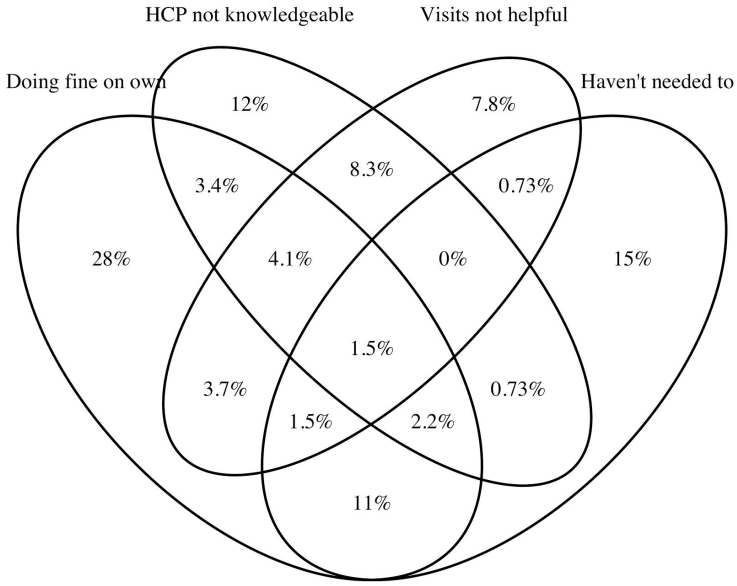
Self-reported information on methods of diagnosis for respondents in each age group. Based on a multi-group proportions test, there were significant differences between age groups in the frequency of blood test ($P = 3.8 * 10^{-7}$), small intestinal biopsy ($P = 0.048$), and gluten challenge ($P = 1.1 * 10^{-5}$).

Figure S4



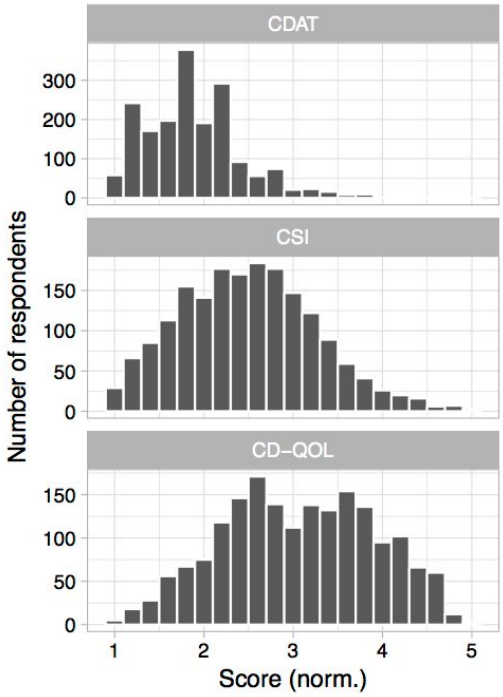
Self-reported prevalence of other autoimmune or related conditions among all respondents.

Figure S5



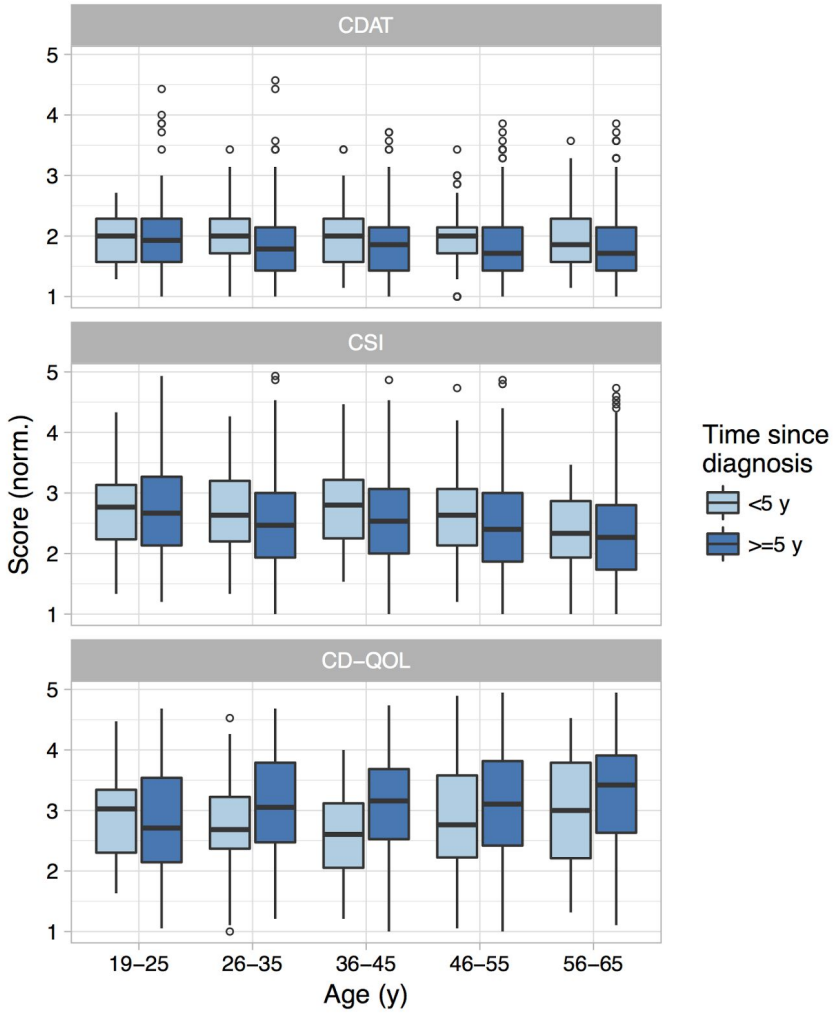
Venn diagram of self-reported reasons for not visiting an HCP about CeD. For ease of visualization, only the top 4 most commonly reported reasons are shown.

Figure S6



Histograms of normalized scores for each instrument. To normalize, the raw score was divided by the number of questions, so the normalized score corresponds to the average response (between 1 and 5).

Figure S7



Boxplots of normalized scores for each instrument vs. age and time since diagnosis. Pooling data across age groups and using the Wilcoxon rank-sum test, scores for CDAT ($P=2.7*10^{-6}$), CSI ($P=1.8*10^{-6}$), and CD-QOL ($P=8.9*10^{-11}$) were significantly different between respondents diagnosed less than five years ago and respondents diagnosed at least five years ago.

Table S1

	CDAT	CSI	CSI (no overlap)	CD-QOL
CDAT	-	0.72	0.66	-0.54
CSI	0.72	-	0.99	-0.64
CSI (no overlap)	0.66	0.99	-	-0.63
CD-QOL	-0.54	-0.64	-0.63	-

Spearman correlation between scores of instruments. “CSI (no overlap)” refers to the set of questions in CSI minus the two questions that are also in CDAT. A higher CD-QOL corresponds to better quality of life, whereas higher CDAT and CSI scores correspond to worse dietary adherence and disease-specific symptoms, respectively.