

## Supplementary Material

### Questionnaire regarding the impact of the disease on the life of the patient

Please answer with a X in the box as appropriate:

- 1) Do you believe that your intestinal disease affects a lot your working activities?  
YES  NO
  
- 2) Do you believe that your intestinal disease affects a lot your social life?  
YES  NO
  
- 3) Are you satisfied with your current therapy for your intestinal disease?  
YES  NO
  
- 4) If you experienced biologic therapy for your intestinal disease, are you satisfied with it?  
YES  NO
  
- 5) If you experienced surgery for your intestinal disease, are you satisfied with it?  
YES  NO
  
- 6) Would you join a clinical trial testing a new drug for your intestinal disease?  
YES  NO
  
- 7) Are you satisfied with your gastroenterologist as professional figure?  
YES  NO
  
- 8) Do you discuss the impact of your intestinal disease on working activities and social life during routinely visit, in order to share with your gastroenterologist your perceptions and unmet needs?  
YES  NO
  
- 9) In the last month, did you suffer from sleep disturbance?  
YES  NO