

Supplementary table 1: Study Questionnaire

1. Which state are you located in?
 - New South Wales
 - Victoria
 - Queensland
 - South Australia
 - Northern Territory
 - Tasmania
 - Western Australia

2. What is your Gender?
 - Male
 - Female
 - Other

3. What is your current age? (round to nearest whole year)

4. What is your highest level of education?
 - Primary or Secondary School
 - Completed high school
 - University education
 - Vocational educational and training

5. What is your current employment status?
 - Employed - Full time
 - Employed - Part time
 - Self employed
 - Temporary/Casual
 - Unemployed

- Student
6. Have you been diagnosed with any of the following * conditions?
- Ulcerative colitis
 - Crohn's disease
 - IBD unspecified (Indeterminate colitis)
7. Do you have other chronic medical conditions apart from inflammatory bowel disease (select multiple)?
- Diabetes
 - Heart disease
 - Lung disease (Asthma, Chronic obstructive airway disease)
 - Nil other medical conditions
 - Previous stroke
 - Hypertension
 - Kidney disease
8. Do you have peri-anal Crohn's disease?
- Yes
 - No
9. How old were you when IBD was diagnosed?
10. What is the current clinical status of your disease?
- No symptoms – currently in remission
 - Mild symptoms
 - Moderate symptoms
 - Severe symptoms – Active disease

11. Which medications are you currently taking for treatment of your inflammatory bowel disease (can select multiple)

- Prednisolone
- Topical steroids - Budesonide, Cortiment, Entocort, Budenofalk enema
- Mesalazine (Pentasa, Salofalk, Mezavant, Asacol), Salfasalazine (Salazopyrin, Pyralin), Balsalazide (Colazide), Osalazine (Dipentum)
- Thiopurines - Azathioprine (Imuran, Imazan, Thioprine, Azapine), Mercaptopurine (Purinethol), Tioguanine (Lanvis)
- Methotrexate (Methoblastin)
- Anti-TNF - Infliximab (Remicade, Inflectra), Adalimumab (Humira), Golimumab(Simponi)
- Ustekinumab (Stelara)
- Vedolizumab (Entivyo)
- Tofacitinib (Xeljanz)
- Study drugs (Clinical trials)
- Symptom control medications - Anti-diarrhoea, Anti-nausea, Laxatives

12. How would you describe your knowledge of the IBD medications you are currently taking?

- Very high level of knowledge
- High level of knowledge
- Neither high nor low level of knowledge
- Low level of knowledge
- Very low level of knowledge.

13. Please rate your adherence with taking IBD medications before the Covid-19 Pandemic

- Rarely miss a dose (1 per month or less)

4

Occasionally miss a dose (1 per week to 1 per month)

Frequently miss doses (few times per week)

14. Where do you normally follow up for management and treatment of your inflammatory bowel disease?

Public hospital dedicated IBD clinic

Public hospital general gastroenterology clinic

Public hospital surgical clinic

Private Gastroenterologist

Private surgeon

General Practitioner

15. Do you have access to an IBD nurse at the service where your disease is managed?

Yes

No

16. Does your gastroenterologist or gastroenterology service have options for phone based review/help (including telehealth)?

Yes

No

Unsure

17. Did your treating gastroenterologist/Surgeon or general practitioner gave your advice and guidance regarding the COVID-19 pandemic and how to reduce the risk of infection?

Yes

No

18. If yes, how useful was the advice?

- Extremely useful
- Very useful
- Somewhat useful
- Not so useful
- Not at all useful

19. In the event of experiencing a significant flare of your underlying inflammatory bowel disease where would you normally seek medical assistance (assuming there is no pandemic)?

- Hospital emergency department
- Treating gastroenterologist
- General Practitioner
- Self-Medicare
- IBD helpline/IBD Nurse

20. In the event of experiencing a significant flare of your underlying inflammatory bowel disease where would you currently seek medical assistance (in the current COVID19 pandemic)?

- Hospital emergency department
- Treating gastroenterologist
- General Practitioner
- Self-Medicare
- IBD helpline/IBD Nurse

21. How concerned are you about contracting COVID19?

- A great deal
- A lot

- A moderate amount
- A little
- None at all

22. Do you feel you are more susceptible to COVID19 infection than the general population?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

23. Have you stopped taking any of your IBD medications during the COVID 19 pandemic due to your fear of contracting the disease?

- Yes, I stopped based on my own judgement with information gathered from the internet, social media and news.
- Yes, I stopped due to advice from a health care professional
- No I have not stopped any of my medications

24. Did any of these healthcare providers advise you to stop any of your IBD medications due to the COVID 19 pandemic? (Can select multiple)

- Gastroenterologist
- Surgeon
- General practitioner
- Allied health professionals (Dietician, psychologist)
- Alternative therapy practitioners (Naturopath, acupuncturist, etc)

7

25. If you stopped any of your medication(s), please select the one(s) you stopped (can select multiple). If you did not stop any medications, please check the option "I did not stop any of my medications"

- Prednisolone
- Topical steroids - Budesonide, Cortiment, Entocort, Budenofalk enema
- Mesalazine (Pentasa, Salofalk, Mezavant, Asacol), Salfasalazine (Salazopyrin, Pyralin), Balsalazide (Colazide), Osalazine (Dipentum)
- Thiopurines - Azathioprine (Imuran, Imazan, Thioprine, Azapine), Mercaptopurine (Purinethol), Tioguanine (Lanvis)
- Methotrexate (Methoblastin)
- Anti-TNF - Infliximab (Remicade, Inflectra), Adalimumab (Humira), Golimumab(Simponi)
- Ustekinumab (Stelara)
- Vedolizumab (Entivyo)
- Tofacitinib (Xeljanz)
- Study drugs (Clinical trials)
- Symptom control medications - Anti-diarrhoea, Anti-nausea, Laxatives
- I did not stop any of my medications

26. How often over the past week have you been exposed to news and information about COVID-19 on social media?

- Very often
- Often
- Sometimes
- Rarely
- Never

27. What impact has the television and social media coverage of the COVID-19 pandemic had on your mental wellbeing?

8

- It has had a negative impact on my mental wellbeing
- It has helped me manage my anxiety/depression better as keeping up to date with all of the latest information is important to me.
- I have not been affected by the coverage.

28. Are you worried that social distancing and self-isolation will worsen your mood?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

29. Did you have a diagnosis of depression or anxiety prior to the * COVID 19 pandemic?

- Yes
- No

30. If you answered yes to the above question: Do you think the current pandemic has made your depression and anxiety worse?

- Yes
- No
- Unsure

31. Please read each statement and tick a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement. All statements require an answer. The rating scale is as follows:

0 Did not apply to me at all

1 Applied to me to some degree, or some of the time

2 Applied to me to a considerable degree or a good part of time

3 Applied to me very much or most of the time.

If you forget the rating scale while answering please toggle up and re-check the scale before answering.

	0	1	2	3
I found it hard to wind down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was aware of dryness in my mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I couldn't seem to experience any positive feelings at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it difficult to work up the initiative to do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tended to over-react to situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced trembling (e.g. in the hands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
felt that I was using a lot of nervous energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was worried about situations in which I might panic and make a fool of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I had nothing to look forward to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found myself getting agitated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it difficult to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt down-hearted and blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I was intolerant of anything that kept me from getting on with what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was close to panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was unable to become enthusiastic about anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I wasn't worth much as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I was rather touchy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt scared without any good reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that life was meaningless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>