

S1. Complete data set for prospective cohort at 0 months and 4 months, and retrospective cohort.

| | | Prospective 0 months | Prospective 4 months | Retrospective |
|--|-----------------|-------------------------|-------------------------|---------------|
| 1. Do you believe that: (a) your IBD has been well controlled in the past two weeks? | Yes | 21 | 25 | 29 |
| | No | 12 | 8 | 4 |
| | Not sure | 2 | 2 | 2 |
| 1. Do you believe that: (b) your current treatment is useful in controlling your IBD? | Yes | 26 | 25 | 25 |
| | No | 2 | 2 | 2 |
| | Not sure | 6 | 6 | 4 |
| | Not taking meds | 1 | 2 | 4 |
| 2. Over the past 2 weeks, have your bowel symptoms been getting worse, getting better or not changed? | Better | 10 | 6 | 5 |
| | Worse | 3 | 7 | 2 |
| | No change | 22 | 22 | 28 |
| 3. In the past 2 weeks, did you: (a) miss any planned activities because of IBD (eg attending school/college, going to work or a social event)? | Yes | 8 | 9 | 7 |
| | No | 27 | 25 | 28 |
| | Not sure | 0 | 1 | 0 |
| 3. In the past 2 weeks, did you: (b) wake up at night because of symptoms of IBD? | Yes | 10 | 10 | 14 |
| | No | 24 | 25 | 20 |
| | Not sure | 1 | 0 | 1 |
| 3. In the past 2 weeks, did you: (c) suffer from significant pain or discomfort? | Yes | 10 | 12 | 13 |
| | No | 25 | 23 | 20 |
| | Not sure | 0 | 0 | 1 |
| 3. In the past 2 weeks, did you: (d) often feel lacking in energy (fatigued)? | Yes | 21 | 19 | 18 |
| | No | 13 | 12 | 15 |
| | Not sure | 1 | 4 | 2 |
| 3. In the past 2 weeks, did you: (e) feel anxious or depressed because of your IBD? | Yes | 11 | 13 | 11 |
| | No | 23 | 21 | 22 |
| | Not sure | 1 | 1 | 2 |
| 3. In the past 2 weeks, did you: (f) think you needed a change to your treatment? | Yes | 6 | 7 | 5 |
| | No | 23 | 24 | 26 |
| | Not sure | 6 | 4 | 4 |
| 4. At your next clinic visit, would you like to discuss: (a) alternative types of drug for controlling IBD? | Yes | 15 | 12 | 9 |
| | No | 15 | 17 | 21 |
| | Not sure | 5 | 6 | 5 |
| 4. At your next clinic visit, would you like to discuss: (b) ways to adjust your own treatment? | Yes | 12 | 14 | 9 |
| | No | 19 | 15 | 19 |
| | Not sure | 4 | 6 | 7 |
| 4. At your next clinic visit, would you like to discuss: (c) side effects or difficulties with using your medicines? | Yes | 8 | 14 | 6 |
| | No | 25 | 18 | 27 |
| | Not sure | 2 | 3 | 2 |

| | | | | |
|---|-------------------|----|----|----|
| 4. At your next clinic visit, would you like to discuss: (d) new symptoms that have developed since your last visit? | Yes | 9 | 10 | 7 |
| | No | 24 | 21 | 25 |
| | Not sure | 2 | 4 | 3 |
| 5. How would you rate the OVERALL control of your IBD in the past two weeks? | 1 | 0 | 0 | 0 |
| | 2 | 2 | 0 | 0 |
| | 3 | 0 | 3 | 0 |
| | 4 | 6 | 2 | 3 |
| | 5 | 0 | 4 | 3 |
| | 6 | 5 | 3 | 2 |
| | 7 | 6 | 5 | 7 |
| | 8 | 8 | 6 | 5 |
| | 9 | 4 | 9 | 6 |
| | 10 | 4 | 3 | 9 |
| The non-face-to-face service (eg IBD helpline, Patients Know Best) has (a) had a positive impact on my IBD. | Disagree strongly | - | - | 0 |
| | Disagree | - | - | 10 |
| | Agree | - | - | 12 |
| | Agree strongly | - | - | 12 |
| | N/A | - | - | 1 |
| The non-face-to-face service (eg IBD helpline, Patients Know Best) has (b) helped me to feel more confident in managing my own health. | Disagree strongly | - | - | 0 |
| | Disagree | - | - | 7 |
| | Agree | - | - | 15 |
| | Agree strongly | - | - | 12 |
| | N/A | - | - | 1 |
| The non-face-to-face service (eg IBD helpline, Patients Know Best) has (c) improved my quality of life. | Disagree strongly | - | - | 1 |
| | Disagree | - | - | 10 |
| | Agree | - | - | 12 |
| | Agree strongly | - | - | 8 |
| | N/A | - | - | 4 |

IBD = inflammatory bowel disease; often = more than half of the time.