SUPPLEMENT

QUESTIONNAIRE

1. Digestive issues and extraintestinal manifestations*

1.1. Do you have abdominal pain?
   ( ) no ( ) yes

1.2. Do you have diarrhea?
   ( ) no ( ) yes

1.3. Do you have intestinal bleeding?
   ( ) no ( ) yes

1.4. Do you usually experience excessive flatulence?
   ( ) no ( ) yes

1.5. Do you have perianal lesions?
   ( ) no ( ) yes

1.6. Do you have extraintestinal manifestations (fever, conjunctivitis, uveitis, arthralgia, arthritis, erythema nodosum, pyoderma gangrenosum, pubertal retardation, and delayed growth or development)?
   ( ) no ( ) yes

2. Child’s feelings toward the disease**

2.1 Can you eat whatever you want despite your condition?
   ( ) never ( ) almost never ( ) sometimes ( ) often ( ) almost always

2.2. Are you concerned about the presence of blood in your stool when you experience abdominal pain?
   ( ) never ( ) almost never ( ) sometimes ( ) often ( ) almost always
2.3. Do you feel sick?
( ) never ( ) almost never ( ) sometimes ( ) often ( ) almost always

2.4. Are you afraid of using public toilets?
( ) never ( ) almost never ( ) sometimes ( ) often ( ) almost always

2.5. Can you do what you like to do despite your condition?
( ) never ( ) almost never ( ) sometimes ( ) often ( ) almost always

2.6. Does your condition bother you?
( ) never ( ) almost never ( ) sometimes ( ) often ( ) almost always

2.7. Do other children understand your condition?
( ) never ( ) almost never ( ) sometimes ( ) often ( ) almost always

2.8. Do you eat what you like?
( ) never ( ) almost never ( ) sometimes ( ) often ( ) almost always

*All technical scientific terms were explained to the interviewee at the time of the interview and the information checked in the medical record.

**For statistical analysis, answers “never” and “almost never” were considered No and answers “sometimes,” “often,” and “almost always” were considered Yes.