Supplementary Table 1. IBD Control-8 Questionnaire

Questionnaire	Yes	No	Not sure
1. Do you believe that			
a. Your IBD has been well controlled in the past 2 weeks			
b. Your current treatment is useful in controlling your IBD			
2. In the past 2 weeks did you			
a. Miss any planned activities because of IBD			
b. Wake up at night because of symptoms of IBD			
c. Suffer from significant pain or discomfort			
d. Often feel lacking in energy (fatigued)			
e. Feel anxious or depressed because of your IBD			
f. Think you need a change to your treatment			

IBD, inflammatory bowel disease.