**Supplementary Material**

**Detailed questions used in the current survey**

**Baseline characteristics**

1. What is your country?

2. Are you a man or a woman?
   1) Male
   2) Female

3. What is your type of practice?
   1) Non-academic clinic
   2) Academic teaching hospital
   3) Other (please specify, )

4. What is your specialty?
   1) Gastroenterologist specializing in inflammatory bowel disease (IBD)
   2) General gastroenterologist
   3) Surgeon
   4) Pediatrician
   5) Other (please specify, )

5. How long have you been caring for patients with IBD?
   1) Less than 5 years
   2) More than 5 years; less than 10 years
   3) More than 10 years

6. How many patients with IBD are registered in your unit?
   1) Less than 100
   2) 100–500
   3) More than 500
   4) NA

7. How many patients with ulcerative colitis (UC) do you care for in your practice?
   1) Less than 100
   2) 100–500
   3) More than 500
   4) NA

8. How many patients with Crohn's disease (CD) do you care for in your practice?
   1) Less than 100
   2) 100–500
   3) More than 500
   4) NA

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Vaccination

1. How important is it to perform the vaccinations recommended by the guidelines in patients with IBD?
   1) Very
   2) Enough
   3) Not important

2. What is the correct timing to perform the recommended vaccinations in patients with IBD?
   1) At disease diagnosis
   2) Before starting a treatment with an IM
   3) Before starting a treatment with a biologics
   4) During a treatment with an IM or a biologics

3. Which healthcare professional prescribes vaccinations in patients with IBD in your hospital?
   1) You, IBD specialist
   2) Infectious diseases specialist

4. Do you think that patients with IBD treated with immunosuppressants or biologics receive effective immune protection from vaccines?
   1) Yes, always
   2) Efficacy could be reduced
   3) I do not know
   4) No, never

5. How do you consider your general knowledge about vaccinations in patients with IBD?
   1) Excellent
   2) Good
   3) Sufficient
   4) Insufficient

6. Do you regularly collect information on vaccines status of your IBD patients?
   1) Never (0–10%)
   2) Rarely (10–30%)
   3) Sometimes (30–70%)
   4) Usually (70–90%)
   5) Always (90–100%)

7. Do you suggest your patients with IBD to perform the vaccinations recommended by the guidelines?
   1) Never
   2) Rarely
   3) Sometimes
   4) Usually
   5) Always
8. Which vaccinations do you suggest to your patients with IBD NOT on treatment with immunosuppressant or biologics?
   (Multiple choices)
   1) Influenza
   2) Pneumococcus
   3) HAV
   4) HBV
   5) HPV
   6) VZV
   7) DTP
   8) Meningococcus
   9) MMR
   10) Chickenpox

9. Which vaccinations do you suggest to your patients with IBD ON treatment with immunosuppressant or biologics?
   (Multiple choices)
   1) Influenza
   2) Pneumococcus
   3) HAV
   4) HBV
   5) HPV
   6) VZV
   7) DTP
   8) Meningococcus
   9) MMR
   10) Chickenpox

10. Which age group or category of IBD patients do you recommend the annual flu vaccine?
    1) To everyone
    2) To patients with relevant co-morbidities
    3) To patients over 65 years
    4) I do not recommend it

11. Which age group or category of IBD patients do you recommend the five-year pneumococcal vaccine?
    1) To everyone
    2) To patients with relevant co-morbidities
    3) To patients over 65 years
    4) To patients with immunosuppressive agents
    5) I do not recommend it

12. Which age group or category of IBD patients do you recommend the anti-HPV vaccine?
    1) To all women
    2) To all women < 26 years
    3) To all patients
    4) To all patients < 26 years
    5) I do not recommend it
13. How often do you check the Hepatitis A serologic testing?
   1) Never
   2) Rarely
   3) Sometimes
   4) Usually
   5) Always

14. Which category of IBD patients do you recommend the anti-HAV vaccine?
   1) To everyone
   2) To patients with hepatic co-morbidities
   3) To patients without hepatitis A antibody
   4) I do not recommend it

15. How often do you recommend the DTP vaccine (diphtheria, pertussis, and tetanus)?
   1) Never
   2) Rarely
   3) Sometimes
   4) Usually
   5) Always