

Replies to the Reviewers.

We begin by greatly thanking the reviewers for their most helpful comments. These have been incorporated into the manuscript.

All alterations are marked in yellow.

Reviewer 1 (2016-10-07)

1 We added to the introduction a brief description of the other prominent symptoms of Crohn's disease. Page 5, top.

2 More data concerning the duration of disease are added in the results (page 10, line 3) and Table 2.

3 We now incorporate in great detail the data concerning the hardcopy and internet questionnaire patients. It will be seen throughout the results that there are important differences between these groups, beginning with the observation that the internet patients are sicker. This had added considerably to the length of the manuscript, since the tables are much more detailed. These changes in the text are in the entire Results section and all the Tables.

4 The time frame for completing the study is given in the Methods, under Study Design (Page 6). We know that this was a long time period, but this is the time it took to collect the large number of questionnaires we required for the study.

5 Consent was obtained from the hardcopy patients and those doing the internet questionnaires were deemed to have assented to participate in the study. All patients were given a detailed explanation of the study. See Ethical considerations, page 9.

6 The Hebrew translations are all validated. We state this in more detail in the methods (pages 6-8) and have added 7 references to support this contention.

7 We have added sub-headings to the results and discussion sections.

Reviewer 2 (2016-11-04)

1 We have reworded the aim and the conclusion of the paper in accordance with the study results. Page 2, 2nd paragraph.

2 The differences in P-HBI, SIBDQ and SF-36 are emphasized in the paper in respect of what they are measuring in pain. P-BHI does refer to disease activity, whereas SIBDQ and SF-36 have physical and psychological dimensions. It is true that they are not the primary tools used to investigate psychological pathology, but our aim was to select measure that form part of patient investigation in drug trials and are easy to use (at least in part) in the clinical setting.

3 We have clarified the method of re-coding the pain scores of the P-HBI, SF-36 and SIBDQ. Page 9, lines 3 and 4.

4 Our cohort fortunately had only minor psychological pathology in a very few patients. Page 6, end of 1st paragraph.

5 The patients on biologics actually reported more pain than the rest of the cohort. Page 10, end of paragraph 1.

6 We did make it clear throughout that the study is cross-sectional; we talk about associations or correlations and not causality. See also the modified concluding paragraph of the Discussion, page 16.