

Supplementary Table 1 Disease knowledge and medical therapy adherence questionnaire

HEALTH CONTACT

1. Have you sought out and obtained an adult physician to follow you closely?

- YES Adult Gastroenterologist Family Physician

Name(s) of the physician(s):

- NO Why not? I don't need one I can't find one Others:

HEALTH STATUS

1. Do you have: Ulcerative Colitis (UC) Crohn's Disease (CD) I don't know

2. Where is the disease located?

UC: Rectum Left colon Extensive/Pancolitis I don't know

CD: Ileocolonic (small & large bowel) Colonic (large bowel) Ileal (small bowel)

Upper GI I don't know

3. When were you diagnosed? _____ years old I don't know

4. Have you had surgery for IBD? Yes No I don't know

MEDICATIONS & BLOODWORKS

1. What medications are you taking now?

5-ASA/Mesalamine (Asacol, Pantasa, Salofalk) Azathioprine (Imuran) /6-MP

(Purinethol)

Methotrexate Infliximab (Remicade) Adalimumab (Humira) Others I

don't know

2. How often do you **forget** to take your medication?

5-ASA/Mesalamine 0 - 30% 30 - 50% >50% Not Applicable I don't know

Azathioprine/6-MP 0 - 30% 30 - 50% >50% Not Applicable I don't know

Methotrexate 0 - 30% 30 - 50% >50% Not Applicable I don't know

Infliximab/ Adalimumab 0 - 30% 30 - 50% >50% Not Applicable I don't know

Others 0 - 30% 30 - 50% >50% Not Applicable I don't know

3. Do you have to do regular blood work? Yes No I don't know

4. How often do you **forget** to do the required bloodwork?

0 - 30% 30 - 50% >50% I don't know

We would like to find out how you have been doing since your **last visit at BC Children's Hospital**.

Supplementary Table 2 Beliefs about Medicine Questionnaire¹

SPECIFIC ITEMS				
1. My current health depends on my medicines (N)				
<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
2. Having to take medicines worries me (C)				
<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
3. My life would be impossible without my medicines (N)				
<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
4. I sometimes worry about the long term effects of my medicines (C)				
<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
5. Without my medicines I would be very sick (N)				
<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
6. My medicines are a mystery to me (C)				
<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
7. My health in the future will depend on my medicines (N)				

Strongly disagree Disagree Uncertain Agree Strongly agree

8. My medicine disrupt my life (C)

Strongly disagree Disagree Uncertain Agree Strongly agree

9. I sometimes worry about becoming too dependent on my medicines (C)

Strongly disagree Disagree Uncertain Agree Strongly agree

10. My medicines protect me from becoming worse (N)

Strongly disagree Disagree Uncertain Agree Strongly agree

GENERAL ITEMS

1. Doctors use too many medicines (O)

Strongly disagree Disagree Uncertain Agree Strongly agree

2. People who take medicines should stop their treatment for a while every now and then (O)

Strongly disagree Disagree Uncertain Agree Strongly agree

3. Medicines are addictive (H)

Strongly disagree Disagree Uncertain Agree Strongly agree

disagree

agree

4. Medicines do more harm than good (H)

- Strongly disagree Disagree Uncertain Agree Strongly agree

5. All medicines are poisons (H)

- Strongly disagree Disagree Uncertain Agree Strongly agree

6. Doctors place too much trust on medicine (O)

- Strongly disagree Disagree Uncertain Agree Strongly agree

7. If doctors had more time with patients, they would prescribe fewer medicines (O)

- Strongly disagree Disagree Uncertain Agree Strongly agree

¹(N) demotes questions counted as necessity; (C) denotes questions counted as concern; (O) denotes questions counted as overuse; (H) denotes questions counted as harm. We would like to ask you about your personal views about your medicine and medicine in general. Please check (√) how you feel about each of the statements. There is no right or wrong answer; we are interested in your personal views.