

## **Supplementary data**

### **1. What is your gender?**

- Male
- Female

### **2. What is your date birth?**

\_\_\_\_\_year \_\_\_month

### **3. What is your educational background?**

- Illiteracy
- Primary school
- Junior high school
- High school or technical secondary school
- Junior college
- Undergraduate
- Master degree and above

### **4. Which of the following diseases do you currently suffer from?**

- Ulcerative colitis
- Crohn's Disease
- Unclassified

### **5. What is your household registration?**

- rural household registration
- urban household registration

### **6.1 How long has it been since your bowel disease came on??**

- less than 1 year
- 1 to 2 years
- 2 to 5 years
- 5 to 10 years
- 10 to 15 years
- 15 to 19 years
- More than 20 years

### **6.2 How long has it been since your bowel disease was diagnosed??**

- less than 1 year
- 1 to 2 years
- 2 to 5 years
- 5 to 10 years
- 10 to 15 years
- 15 to 19 years
- More than 20 years

**7. Have you ever participated in activities organized by patients with IBD (inflammatory bowel disease, including ulcerative colitis and Crohn's disease) (such as patient associations or patient clubs, patient associations, etc.)**

- Yes
- No

**(If question 7 is Yes, please answer question 8. If question 7 is No, please skip to question 9)**

**8. What is the specific patient organization you participate in? [Multiple Choice Question]**

- China Crohn's & Colitis Foundation, CCCF
- Patient groups organized by hospitals or doctors
- Patient groups spontaneously organized by patients
- Patient group organized by pharmaceutical company
- Others

**9. Have you used the following treatment methods, such as:**

- (1) Oral or injectable corticosteroids
  - (2) Immunomodulators
  - (3) Biological therapies
- Yes
  - No
  - Not remember
  - Not clear

**(If question 9 is Yes, please answer question 10. Otherwise, please skip to question 15)**

**10. Which of the following immunosuppressive drugs have you used? (You can ask your doctor to help determine this) [Multiple Choice Questions]**

- Oral or injectable corticosteroids
- Immunomodulators
- Biological therapies
- Not remember
- Not clear

**(If question 10 is one of the first three choices, please answer question 11,12. Otherwise, please skip to question 13)**

**11. Which of the following immunosuppressive drugs did you use for the first time? (You can ask your doctor to help determine this) [Multiple Choice Question]**

- Oral or injectable corticosteroids
- Immunomodulators
- Biological therapies
- Not remember
- Not clear

**12. How long have you been taking this treatment (s)?**

- less than 1 year
- 1 to 2 years
- 2 to 5 years
- 5 to 10 years
- 10 to 15 years
- 15 to 19 years
- More than 20 years

**13. When you first used the above immunosuppressive drugs, did your doctor notify you about vaccination?**

- Yes
- No
- Not clear
- Not remember

**14. Who was the first doctor to provide you with the above immunosuppressive drugs?**

- Community Doctor/General Practitioner
- general gastroenterologist
- IBD specialist
- Abdominal surgeon
- Anorectal surgeon
- Other
- Unclear

**15. During your illness, did your doctor notify you about vaccination ?**

- Yes
- No
- Not clear
- Not remember

**16. Did you still preserve your vaccination record?**

- Yes

- No
- Never have vaccination record
- Not clear

**17. Based on your current illness or current treatment plan, do you think you need to be vaccinated?**

- Yes
- No
- I do not know

**18. Do you fully understand the vaccination related to your disease (Crohn's disease or ulcerative colitis)?**

- No
- Rather
- Rather yes
- Yes

**(If you choose No for question 18, please skip directly to question 20. Otherwise, please answer question 19)**

**19. What is your source of information about vaccination related to your disease (referring to Crohn's disease or ulcerative colitis)?**

- IBD specialist
- general gastroenterologist
- nurse
- patient association
- patients
- public health agencies
- other media

**20. If the following sources of information provide you with information about vaccination for your disease (referring to Crohn's disease or ulcerative colitis), how reliable do you think each item is?**

	trustable	rather trustable	Not sure	rather not trustable	not trustable
IBD specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
general gastroenterologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

patient association	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
public health agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**21. What do you think of the overall safety of domestic vaccines?**

- Basically safe
- Mostly safe
- Only part of vaccines are safe
- All vaccines are unsafe
- Not sure

**22. Due to your disease or treatment plan, do you think you are more likely to suffer from infections (such as colds, herpes, pneumonia, etc.) than normal people?**

- Yes, it is very easy to get infected
- Yes, it is easier
- Almost normal
- Not know

**23. Where do you usually get the vaccine?**

- Community Medical Service Center
- CDC (Disease Control Center)
- Unclear
- Never vaccinated

**24. Based on your current disease and treatment plan, do you know the recommended vaccination?**

- Yes
- No

**25. Based on your current disease and treatment plan, do you know the contraindicated vaccination?**

- Yes
- No

**26. Do you think the hepatitis B vaccine is effective in preventing hepatitis B?**

- Yes
- Rather yes
- Rather
- No
- Not clear

**27. Do you think hepatitis B vaccine is safe?**

- Yes
- Rather yes
- Rather
- No
- Not clear

**28. Have you received hepatitis B vaccine after the onset of IBD (inflammatory bowel disease, including ulcerative colitis and Crohn's disease)?**

- Yes
- No
- Not clear

**(If you choose Yes for question 28, please answer question 29, if you choose No for question 28, please answer 30. Otherwise, please skip directly to question 31)**

**29. Why did you choose to get the hepatitis B vaccine? [Multiple Choice Question]**

- I felt that I am at a risk of getting hepatitis B
- Vaccination has been recommended by doctors or nurses
- I learned from sources (other than medical care) that I need hepatitis B vaccine
- Others

**30. Why don't you choose to get hepatitis B vaccine? [Multiple Choice Question]**

- I cannot be vaccinated (because I carry the hepatitis B virus)
- I didn't need to be vaccinated (the doctor said that I already have hepatitis B resistance and do not need to be vaccinated)
- No one has recommended me to vaccinate
- I didn't think that I am at a risk of getting hepatitis B
- I am afraid of the adverse effects of the vaccine
- I think the vaccine will not prevent hepatitis B infection
- I am against all vaccinations
- I forgot to vaccinate
- Others

**31. Do you think the varicella vaccine is effective in preventing varicella?**

- Yes
- Rather yes
- Rather
- No
- Not clear

**32. Do you think the varicella vaccine is safe?**

- Yes
- Rather yes
- Rather
- No
- Not clear

**33. Have you received the varicella vaccine after the onset of IBD (inflammatory bowel disease, including ulcerative colitis and Crohn's disease)?**

- Yes
- No

Not clear

**(If you choose Yes for question 33, please answer question 34, if you choose No for question 33, please answer 35. Otherwise, please skip directly to question 36)**

**34. Why did you choose to get the varicella vaccine? [Multiple Choice Question]**

- I felt that I am at a risk of getting varicella
- Vaccination has been recommended by doctors or nurses
- I learned from sources (other than medical care) that I need varicella vaccine
- Others

**35. Why didn't you choose to get the varicella vaccine? [Multiple Choice Question]**

- No one has recommended me to vaccinate
- I didn't need to be vaccinated (the doctor said that I already have varicella resistance and do not need to be vaccinated)
- I didn't think I'm at risk of getting varicella
- I am afraid of the adverse effects of the vaccine
- I think the vaccine will not prevent varicella infection
- I am against all vaccinations
- I forgot to vaccinate
- Others

**36. Do you want more professional and specific information about vaccine?**

- Yes
- No

**37. What do you want to know about vaccine? [Multiple Choice Question]**

- Vaccine recommendations related to your current condition
- Contraindications for vaccination related to your current condition
- Side effects and safety of the vaccine
- Other \_\_\_\_\_



Patient's trust on the following sources

source	trustable	Rather trustable	Not sure	Rather not trustable	Not trustabl e
	IBD specialist	633(70.3)	229(25.4)	34(3.8)	2(0.2)
general gastroenterologist	201(22.3)	464(51.6)	206(22.9)	24(2.7)	5(0.6)
nurse	141(15.7)	379(42.1)	313(34.8)	51(5.7)	16(1.8)
patient association	179(19.9)	421(46.8)	264(29.3)	30(3.3)	6(0.7)
patients	89(9.9)	252(28.0)	491(54.6)	55(6.1)	13(1.4)
public health agencies	162(18.0)	383(42.6)	310(34.4)	36(4.0)	9(1.0)
other media	60(6.7)	120(13.3)	518(57.6)	154(17.1)	48(5.3)

Relationship between immunosuppressive treatment and vaccination notification

	Vaccination notification		$\chi^2$ value	P value
	Yes	No		
Immunosuppressive treatment				
Yes	295	238	62.210	<0.001
No	13	89		