

Supplementary S1. Questionnaire

Demographic and disease characteristics questionnaire

1. Gender: Male / Female
2. Year of Birth: _____
3. Weight: _____ Height: _____
4. Smoking: Yes / No
5. What is your religion:
 - Jewish
 - Muslim
 - Christian
 - Other
6. The type of inflammation I have: Ulcerative Colitis / Crohn's Disease
7. At what age was Crohn's disease / ulcerative colitis diagnosed? _____
8. Mark Employment Status:
 - Full-time Employee/Volunteer
 - Part-time Employee/Volunteer
 - I am not working now.
9. Which health insurance fund do you belong to?
 - Maccabi
 - Clalit
 - Mehuchedet
 - Leumit
10. Do you come to the hospital independently? Yes / No
11. Residence - Who do you live with?
 - Alone
 - With other people (spouse/family member/caregiver
12. Is your Crohn's disease/ulcerative colitis currently active? Yes / No
13. Are you currently being treated with steroids?
 - Yes, what time? _____
 - No
14. Have you undergone surgeries related to Crohn's/Colitis?
 - Yes. How many surgeries?
 - No
15. Do you suffer from background diseases? Yes / No
If yes, please select one of the following diseases?
 - Diabetes
 - Hypertension
 - Liver disease
 - Kidney disease
 - Heart failure
 - Ischemic heart disease
 - Asthma/COPD/other lung disease
 - Peripheral vascular disease
 - Stroke
 - Peptic ulcer disease (stomach/duodenum
 - Cancer

- HIV/AIDS
- Limb amputation
- Rheumatologic disease

Treatment preferences and experience questionnaire

1. What form is your current treatment?
 - Pills (Oral)
 - Subcutaneous injections (S.C)
 - Intravenous infusion (I.V)
 - I am not receiving treatment.
2. In what form have you been receiving treatment for your disease so far? Check all forms of treatment you have received:
 - Pills (Oral)
 - Subcutaneous injections (S.C)
 - Intravenous infusion (I.V)
3. Have you ever taken a certain medication in an irregular manner? (Delayed or not in the correct dosage)? Yes / No
4. If yes, how was the medication administered?
 - Pills (Oral)
 - Subcutaneous injections (S.C)
 - Intravenous infusion (I.V)
5. If it were possible to administer any medication in any form without a difference in the medication's cost, which form of administration would you prefer?
 - Rate the preference for treatment with pills (Oral) once a day:
Least preferred 1 ☐ 2 ☐ 3 ☐ 4 ☐ Most preferred
 - Rate the preference for subcutaneous injections (S.C) every 2 weeks:
Least preferred 1 ☐ 2 ☐ 3 ☐ 4 ☐ Most preferred
 - Rate the preference for subcutaneous injections (S.C) every 8 weeks:
Least preferred 1 ☐ 2 ☐ 3 ☐ 4 ☐ Most preferred
 - Rate the preference for intravenous infusion (I.V) every 8 weeks:
Least preferred 1 ☐ 2 ☐ 3 ☐ 4 ☐ Most preferred
6. If you are currently receiving intravenous infusion, would you be interested in receiving the same medication through subcutaneous injection? Yes / No
7. If you prefer intravenous infusion over subcutaneous injection, state the reasons for preferring infusion (Multiple answers are possible):
 - Unable to self-inject/fear of needles
 - Prefer medical staff to be present during treatment
 - Want to meet a doctor after each treatment
 - Connection with other patients, social/information exchange during infusion
 - Believe that infusion is more effective
 - Longer interval between infusions
8. Based on your experience, how much time does the entire process of receiving infusion take on average, including travel time, waiting, the infusion itself, post-infusion waiting, and travel time back home/work?

- Did not receive infusion
 - Up to 3 hours
 - Up to 4 hours
 - Up to 5 hours
 - Up to 6 hours
 - More than 6 hours
9. If you prefer subcutaneous injection over intravenous infusion, state the reasons for preferring infusion (Multiple answers are possible):
- Not preferred
 - Easier self-administration at home
 - Difficulty finding a vein for infusion
 - Difficulty getting to the hospital
 - Don't want to lose a workday
 - Time-saving
 - Want to avoid exposure to infections by not going to the hospital
 - No availability of appointments for infusion
10. To what extent does the cost of the medication influence your decision in choosing the administration form?
- Very much
 - A lot
 - To some extent
 - Little
 - Not at all