

# **Questionnaire for the study: “The Current Status of Enteral Nutrition Practice in Inflammatory Bowel Diseases in Saudi Arabia”**

## **Section 1: Demographics**

1. What is your gender?
  - ☐ Male
  - ☐ Female
2. What is your nationality?
  - ☐ Saudi
  - ☐ Non-Saudi
3. Which region do you practice in?
  - ☐ Makkah
  - ☐ Madinah
  - ☐ Riyadh
  - ☐ Al-Qassim
  - ☐ Eastern Province
  - ☐ Asir
  - ☐ Al-Bahah
  - ☐ Tabuk
  - ☐ Northern Borders
  - ☐ Jawf
  - ☐ Hail
  - ☐ Jizan
  - ☐ Najran
4. What position do you currently hold in your practice?
  - ☐ Consultant adult gastroenterologist
  - ☐ Consultant pediatric gastroenterologist
  - ☐ Specialist adult gastroenterologist
  - ☐ Specialist pediatric gastroenterologist
  - ☐ Others (Specify: .....)

5. For how long have you been practicing?
  - ☐ <5 years
  - ☐ 6- 10 years
  - ☐ >10 years
  
6. Specify your type of practice setting?
  - ☐ University teaching hospitals
  - ☐ Ministry of Health (MOH) hospitals
  - ☐ Specialized hospitals (King Faisal Specialist Hospital and Research Centre)
  - ☐ Military Hospitals
  - ☐ National guard hospitals
  - ☐ Medical cities
  - ☐ Private medical centers
  - ☐ Other (Specify: .....)
  
7. Specify the country where you had your gastroenterology training?
  - ☐ Saudi Arabia
  - ☐ Canada
  - ☐ US
  - ☐ UK
  - ☐ Other (Specify: .....)
  
8. Do you hold an advanced fellowship in IBD or do you identify yourself as an IBD specialist?
  - ☐ Yes
  - ☐ No
  
9. How would you rate the level of nutrition education during your gastroenterology training?
  - ☐ Excellent
  - ☐ Just adequate
  - ☐ Inadequate
  
10. Have you previously trained in/worked in a unit where enteral nutrition was used regularly in patients with IBD?
  - ☐ Yes
  - ☐ No

## **Section 2: Current Practice of Enteral Nutrition in Patients with IBD**

11. How often are you recommending any form of Enteral Nutrition in your patient population with IBD for the following indications?  
(Enteral Nutrition can be provided orally or via the use of enteral tube feeding to deliver a specially-designed liquid formula)

	Never	Rarely	Sometimes	Frequently	Always
At initial diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After failing to respond to pharmacological therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention and correction of undernutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Induction of remission in active Crohn's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Induction of remission in active Ulcerative Colitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preoperative optimization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of complications (fistula, strictures, abscess)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. In your practice, what is the most preferable approach for choosing the route of enteral feeding in patients with IBD?

- ☐ Always start oral; switch to tube feeding only if not tolerated
- ☐ Always start tube feeding; switch to oral only if patient unwilling/unable

13. If you are involved in selecting formula type when recommending Enteral Nutrition for patients with IBD, what is usually your FIRST choice of enteral formula?

- ☐ Standard polymeric (e.g. Ensure plus)
- ☐ Polymeric formula with added growth factors marketed for IBD (e.g. Modulen IBD)
- ☐ Elemental (e.g. Vital or Vivonex)
- ☐ Semi-elemental (e.g. Peptamen)
- ☐ Not involved (formula selection done by dietitian)

14. How do you evaluate the success of EN? (include all that apply)

- ☐ Endoscopy
- ☐ Improvement of clinical disease activity index such as CDAI or PDAI
- ☐ Improvement of symptoms
- ☐ Nutritional (weight gain)
- ☐ CRP level
- ☐ ESR level
- ☐ Fecal calprotectin
- ☐ Imaging
- ☐ Other, (Specify: .....)

15. How often do you recommend **Partial Enteral Nutrition (PEN)** in patients with IBD?  
(PEN means providing up to 50% of food intake through a specially-designed liquid formula)
- ☐ *Never 0% of the time*
  - ☐ *Rarely ~10% of the time*
  - ☐ *Sometimes ~25% of the time*
  - ☐ *Regularly ~50% of the time*
  - ☐ *Frequently >75% of the time*
16. How often do you recommend **Exclusive Enteral Nutrition (EEN)** in patients with IBD?  
(EEN means providing all of the dietary requirements of a patient through a specially-designed liquid formula delivered orally or via a feeding tube for a consistent period of time)
- ☐ *Never 0% of the time* **(Move to section 3)**
  - ☐ *Rarely ~10% of the time*
  - ☐ *Sometimes ~25% of the time*
  - ☐ *Regularly ~50% of the time*
  - ☐ *Frequently >75% of the time*
17. In the last year, how many patients with IBD received Exclusive Enteral Nutrition in your current practice?
- ☐ *Specify the number and type of IBD: .....*
  - ☐ *Don't know*
18. If you answered question 17, was the answer based on your estimate or actual data?
- ☐ Estimate
  - ☐ Actual data
19. In your practice which of the following factors you consider are important before recommending Exclusive Enteral Nutrition in IBD? (include all that apply)
- ☐ Patient age
  - ☐ Patient education and personality
  - ☐ Expertise of clinical dietitian
  - ☐ Disease location and behaviour
  - ☐ Cost of enteral nutrition
  - ☐ Others (specify: .....)
20. For how long do you usually prescribe Exclusive Enteral Nutrition in IBD?
- ☐ < 2 weeks
  - ☐ 2-4 weeks
  - ☐ 4-6 weeks
  - ☐ 6-8 weeks
  - ☐ > 8 weeks

21. When recommending Exclusive Enteral Nutrition do you allow for any other oral intake?

- ☐ No
- ☐ Yes (specify what type of food items:.....)
- ☐ I don't know

22. In your practice what type of diet do patient usually start AFTER Exclusive Enteral Nutrition course is over?

- ☐ I don't know
- ☐ Patient's previous diet
- ☐ Specific diet (Crohn's disease elimination diet, low FODMAP)
- ☐ Other (Specify: .....)

### **Section 3: Opinions and Perspectives of Gastroenterologist of Using Enteral Nutrition In The Management of IBD**

23. In your opinion, how likely are patients with IBD willing to accept and comply with the following dietary therapies?

	Extremely unlikely	Not likely	Neutral	Likely	Extremely likely
Exclusive enteral nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial enteral nutrition with or without exclusion diets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exclusion or modified diets alone without enteral supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. To the best of your knowledge, what are proven benefits of Enteral Nutrition in IBD (include all that apply)

- ☐ Steroid sparing
- ☐ Inducing remission in newly diagnosed CD
- ☐ Inducing remission in long-standing CD
- ☐ Inducing remission in active UC
- ☐ Maintaining remission
- ☐ Improving nutritional status
- ☐ Optimizing pre-operative nutritional status
- ☐ Maintaining growth
- ☐ Mucosal healing
- ☐ Improving quality of life
- ☐ I don't think it is effective as a therapeutic option
- ☐ Others (Specify:.....)

25. In your opinion, what are the major barriers affecting your current practice of Enteral Nutrition in IBD? (include all that apply)

- ☐ Patient unacceptance
- ☐ Patient's poor adherence due to palatability
- ☐ Lack of dietitian support
- ☐ Lack of standardized protocol
- ☐ Too costly
- ☐ Disruption to normal life
- ☐ None
- ☐ Others (Specify: .....)

26. What would you wish to see before considering using Enteral Nutrition regularly in IBD? (include all that apply)

- ☐ More evidence of efficacy
- ☐ National guidelines for practice
- ☐ More understanding of the mechanism
- ☐ Others (Specify: .....)

27. Your details:

- ☐ I prefer to remain anonymous
- ☐ I agree to be contacted and to provide additional information regarding my answers
  - Name:
  - Email:
  - Phone number: