

Table S1. Questionnaire on dietary habits (Part three of the survey).

Through administration of this questionnaire, we may evaluate beliefs and dietary practices among IBD patients. Please, mark the appropriate box with an X.

1. Do you believe that your dietary habits can cause weakness, malnutrition or nutrient deficiencies? Yes No
 2. Do you take vitamin supplements and / or mineral salts? Yes No
 3. Do you take alternative therapies or herbal medicines for your intestinal disease? Yes No
 4. Do you take food supplements? Yes No
 5. Do you take probiotic supplements? Yes No
 6. Do you believe that food was the trigger for your intestinal disease? Yes No
 7. Do you think that eating habits have a more important role than drugs in controlling your intestinal disease? Yes No
 8. Do you think your intestinal disease affects appetite and eating pleasure? Yes No
 9. Do you share the same menu as other family members? Yes No
 10. Do you refuse to eat out for fear of having a relapse? Yes No
 11. Did you change your diet after diagnosing your IBD? Yes No
 12. Do you tend to avoid certain foods? Yes No
 13. Do some foods improve symptoms during a recurrence of your IBD? Yes No
 14. Have you received advice on your diet from medical personnel? Yes No
 15. Would you like to receive more nutritional advice? Yes No
-

Table S2. Food Frequency Questionnaire (part two of the survey) [Montomoli M. Gonnelli S. Giacchi M. et al. Validation of a food frequency questionnaire for nutritional calcium intake assessment in Italian women. Eur J Clin Nutr. 2002;56(1);21–30].

1 – DO YOU DRINK MILK (except SOIA milk)? Yes No
how much? A-one glass (100ml) B-one mug (250 ml) C-two mugs (500 ml)
how many times per week?

2 – DO YOU EAT YOGURT? Yes No
how much? A-one pottle (125g) B-two pottles (250 g) C-one wrapping of 500g
how many times per week?

3 – DO YOU EAT CHEESE? Yes No
how many times per week?

which kind?:

3.1 HARD CHEESE (Parmigiano, Grana, ...)? Yes No
how much? A-small serving (40g) B-medium serving (80g) C-large serving (120g)
how many times per week?

3.2 SEMI-HARD CHEESE (Emmenthal, Provolone, ...)? Yes No
how much? A-small serving (40g) B-medium serving (80g) C-large serving (120g)
how many times per week?

3.3 SOFT CHEESE (Mozzarella, Stracchino, ...)? Yes No
how much? A-small serving (40g) B-medium serving (80g) C-large serving (120g)
how many times per week?

3.4 BUTTER MILK CURD? Yes No
 FROM SHEEP? FROM COW?
how much? A-small serving (50g) B-medium serving (100g) C-large serving (200g)
how many times per week?

4 – DO YOU EAT PASTA or RICE? Yes No
how much? A-small serving (50g) B-medium serving (100g) C-large serving (150g)
how many times per week?

- AND WITH HOW MANY TEASPOONS OF PARMIGIANO/GRANA?
 A-none B-1 teaspoon (5g) C-2 teaspoons (10g) D-3 teaspoons (15g)

5 – DO YOU EAT BREAD or similar (crackers, bread-stick, ...)? Yes No
how much per day? A-100 g (=2 rosette) B-200 g C-300 g
how many times per week?

6 – DO YOU EAT **POTATOES**? Yes No

how many? **A**-small serving (200g=2 medium potatoes)
 B-medium serving (400g)
 C-large serving (600g)

How many times per week?.....

7 – DO YOU EAT **MEAT OR FISH**? Yes No

how much? **A**-small serving (100g) **B**-medium serving (150g) **C**-large serving (200g)
how many times per week?

8 – DO YOU EAT **EGGS**? Yes No

how many eggs per week?

9 – DO YOU EAT **LEGUMES** (beans, peas,...)? Yes No

how many? **A**-small serving (80 g cooked – 1/3 of a tin)
 B-medium serving (150 g cooked –half tin)
 C-large serving (250 g a cooked– a tin)

How many times per week?

10 – DO YOU EAT **VEGETABLES**? Yes No

how many? **A**-small serving (100 g) **B**-medium serving (200 g) **C**-large serving (300 g)
how many times per week?

11 – DO YOU EAT **FRESH FRUITS**? Yes No

how many per week?

12 – DO YOU EAT **ICE CREAM with milk** (except sorbet)? Yes No

how much? **A**-small serving (50 g) **B**-medium serving (100 g) **C**-large serving (150 g)
how many per week?

13 – DO YOU EAT **milk or white CHOCOLATE**? Yes No

how much? **A**-small serving (25 g) **B**-medium serving (50 g) **C**-large serving (100 g)
how many times per week?

14 – DO YOU DRINK **TAP'S WATER**? Yes No

how much per day? 0,500 l 0,750 l 1l 1,5 l 2 l 2,5l
how many times per week?

15 – DO YOU DRINK **CALCIUM RICH MINERAL WATER**? Yes No

how much per day? 0,500 l 0,750 l 1l 1,5 l 2 l 2,5l
how many times per week?.....