

You are invited to complete this survey by your hospital doctors. We would like to know your thoughts about new and current dietary therapies to treat active symptoms of Crohn's disease.

Current dietary therapies used within the NHS involve replacing all the food you eat with a specialised milkshake drink for up to 8 weeks. Although this liquid-only diet can be successful in improving active disease symptoms in both children and adults with Crohn's disease, it is not often used in adults as it may affect daily life and social interactions.

Your NHS doctors are instead investigating the impact of alternative dietary treatments, with the intention to make them easier to follow. One of these new dietary therapies involves replacing half of daily food intake with a specialised milkshake drink (3-4 glasses a day) for 6 weeks. We would like to find out what challenges you think you would face if you were asked to follow a treatment like this by your doctor and how you would feel about them.

If you would like to help, please carefully read, and complete the questions below to give us some feedback or raise any concerns you may have. Please return your answers to us using the prepaid envelope included.

Please only complete this survey once.

**First, we would like to ask you 11 short questions about yourself and your current eating habits:**

**(Q1)** What is your gender? *Please tick **one**:*

- Female       Male       Prefer not to say       Other \_\_\_\_\_

**(Q2)** How old are you? *Please tick **one**:*

- <18       18-24       25-39       40-65       >65 years old       Prefer not to say

**(Q3)** What is your current living situation? *Please tick **one**:*

- Living alone  
 Living with a partner  
 Living with family members  
 Living in shared accommodation (e.g., house share, university accommodation)  
 Prefer not to say

**(Q4)** What is the highest degree or level of school you have completed? If currently enrolled, please choose highest degree received. *Please tick **one**:*

- No schooling completed
- Primary school
- Secondary school (e.g., National 5, Intermediate 2 or GCSEs)
- College/Sixth form or equivalent (e.g., Highers/Advanced Highers, or A-Levels)
- Trade/technical/vocational training
- Bachelor's degree
- Master's degree
- Doctorate degree
- Prefer not to say

**(Q5)** What is your current employment and/or educational status? *Please tick **all that apply**:*

- In full-time employment
- In part-time employment
- Self-employed
- In full-time education
- In part-time education
- Stay-at-home parent/ homemaker
- Retired
- Unemployed
- Other \_\_\_\_\_
- Prefer not to say

**(Q6)** Which ethnic group do you most identify with? *Please tick **one**:*

- British White,  Irish White,  Gypsy or Irish Traveller White,  Other White
- White and Black Caribbean,  White and Black African,  White and Asian,  Any other Mixed or Multiple ethnic background,
- Indian,  Pakistani,  Bangladeshi,  Chinese,  Any other Asian background,
- African,  Caribbean,  Any other Black African or Caribbean background,
- Arab,
- Other \_\_\_\_\_
- I don't know
- Prefer not to say

**(Q7)** Which of the following best describes your diet. *Please tick **all** that apply:*

- Gluten-free
- Wheat-free
- Vegetarian
- Vegan
- Pescatarian
- Low sugar
- Low fibre
- Low carbohydrate (e.g., Keto or Paleo diet)
- Low in spices
- Low in food additives
- Other \_\_\_\_\_
- None of the above
- Prefer not to say

**(Q8)** Have you ever used a liquid meal replacement for any reason other than treatment of active symptoms of Crohn's disease (such as weight loss milkshakes e.g., SlimFast and Cambridge diet, or liquid meal replacements e.g., Huel drinks)? *Please tick **one**:*

- Yes       No       Prefer not to say

**(Q9)** Who normally prepares your food? *Please tick **one**:*

- Me
- My partner
- Another household member
- I mostly eat ready microwave meals
- I mostly eat takeaway/fast food
- I mostly eat restaurant food/dine out
- Other \_\_\_\_\_
- Prefer not to say

**(Q10)** Do you eat the same meals as rest of your household? *Please tick **one**:*

- Yes       No       Prefer not to say       Not applicable / I live alone

**(Q11)** Which of the following meals do you share with members of your household? *Please tick **all** that apply:*

- Breakfast
- Morning snack
- Lunch
- Afternoon snack
- Dinner
- Night-time snack
- I don't share any meals with members of my household
- Other \_\_\_\_\_
- Not applicable / I live alone
- Prefer not to say

**In the following 4 questions, we would like to ask you about your Crohn's disease:**

**(Q12)** Which of the following treatments have you received since your diagnosis of Crohn's disease? *Please tick **all** that apply*

- Specialised milkshake drink (e.g., Modulen IBD or Ensure) as a **liquid-only diet with no food** allowed (you might have been prescribed this to consume as a milkshake or via a nasogastric tube)
- Specialised milkshake drink (e.g., Modulen IBD or Ensure) **alongside normal food** for support (you might have been prescribed this to improve your weight and/or to boost energy levels and possibly after you finished the liquid-only diet)
- Steroids (you might have been prescribed Prednisolone or Budesonide [brand names: Budenofalk, Entocort])
- Biologics, which you might have been given as self-injections or infusions at hospital (e.g., Infliximab [brand names: Remicade, Remsima, Inflectra]; Adalimumab [brand names: Humira, Amgevita]; Ustekinumab [brand name: Stelara]; Vedolizumab, [brand name: Entyvio])
- Immunosuppressants (e.g., azathioprine [Imuran], mercaptopurine [6-mercaptopurine, 6-MP], methotrexate)
- Surgery (e.g., gut resection)
- None of the above
- I don't know
- Prefer not to say

**(Q13)** Which of the following symptoms related to Crohn’s disease have you experienced in the last 7 days? *Please tick **all** that apply:*

- Diarrhoea (liquid stools)
- Abdominal pain
- Fatigue
- Poor appetite
- Rectal bleeding
- Other \_\_\_\_\_
- No symptoms
- Prefer not to say

**(Q14)** When were you diagnosed with Crohn’s disease? *Please tick **one**:*

- Last month
- Last year
- In the last 5 years
- In the last 10 years
- More than 10 years ago
- Prefer not to say

**(Q15)** In your opinion, how severe is your Crohn’s disease at the moment? *Please tick **one**:*

- Severe Crohn’s disease
- Mild to moderate Crohn’s disease
- Inactive Crohn’s disease
- I don’t know
- Prefer not to say

**In the last 11 questions, we would like to ask you about your views and opinions on the use of meal replacement for the treatment of active symptoms of Crohn’s disease:**

**(Q16)** If you were to replace **half** of your daily normal food intake for 6 weeks with a specialised milkshake drink for treatment of active symptoms of Crohn’s disease, which one meal and one snack would you like to keep as solid food? *Please circle **one** answer from **each** row:*

- |                   |               |                 |               |
|-------------------|---------------|-----------------|---------------|
| <b>1. Meals:</b>  | Breakfast     | Lunch           | Dinner        |
| <b>2. Snacks:</b> | Morning Snack | Afternoon Snack | Evening Snack |

**(Q17)** If you were asked by your doctor to replace **all your daily food** intake with a specialised milkshake drink for 6 weeks of treatment for active symptoms of Crohn's disease, would you try it?  
*Please tick one:*

- Yes       No       I don't know       Prefer not to say

**(Q18)** If you were asked by your doctor to replace **half your daily food** intake with a specialised milkshake drink for 6 weeks of treatment for active symptoms of Crohn's disease, would you try it?  
*Please tick one:*

- Yes       No       I don't know       Prefer not to say

**(Q19)** If you were to replace **half your daily food** intake with a specialised milkshake drink for 6 weeks to treat active symptoms of Crohn's disease, would you prefer a strict plan (replacing the same meals every day) or a more flexible plan (which allows you to choose which meals to replace on a weekly basis)? *Please tick one:*

- Strict plan, same meals replaced every day       Flexible plan replacing meals to fit my daily plans  
 I don't know       Prefer not to say

**(Q20)** If you were to replace **half or all your daily food** intake with a specialised milkshake drink for 6 weeks to treat active symptoms of Crohn's disease, would you prefer to have the drink pre-made/ready to drink for you or in a powdered form for you to make yourself by adding water?  
*Please tick one:*

- Pre-made/ready to drink milkshake       Milkshake powder to mix myself  
 I don't know       Prefer not to say

**(Q21)** Do you think replacing **half or all your daily food** intake with a specialised milkshake drink for 6 weeks could be effective in treating active symptoms of Crohn's disease? *Please tick one:*

- Yes       No       I don't know       Prefer not to say

**(Q22)** Do you think diet could help with the management of active symptoms of Crohn's disease?  
*Please tick one:*

- Yes       No       I don't know       I already do this       Prefer not to say

**(Q23)** Would you prefer to replace your meals with a specialised milkshake drink, or to follow a restricted meal plan you prepare yourself at home for 6 weeks to treat active symptoms of Crohn's disease? *Please tick one:*

- Specialised milkshake drink meal replacement       Meal plan to prepare at home  
 I don't know       Prefer not to say

**(Q24)** Would you prefer to follow a restricted meal plan you prepare yourself at home, or to receive a delivery of pre-made meals to heat up yourself for 6 weeks to treat active symptoms of Crohn's disease? *Please tick **one**:*

- Meal plan with pre-made meals delivered
- Meal plan to prepare at home
- I don't know
- Prefer not to say

**(Q25)** What do you think would be among the biggest challenges for you if you were to **replace half of your daily food intake** with a specialised milkshake drink for 6 weeks to treat active symptoms of Crohn's disease?

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**(Q26)** Please let us know any additional thoughts or concerns you might have about **replacing half your daily food** intake with a specialised milkshake drink for 6 weeks to treat active symptoms of Crohn's disease.

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Thank you very much for your time! We really appreciate you answering the questions. All answers are and will remain anonymous.

Please return your answers to us using the prepaid envelope provided.