

## Supplementary Table 1: Topic List

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We are organising these interviews because we want to get a better understanding of what you would find helpful to know about patients' pain, and how communication around pain may be best enhanced. We are predominantly interested in abdominal pain, but please let us know if you think that other types of pain are of interest.

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### **Question 1: What is important for you to know about a patient's pain?**

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- Descriptors? (What do you consider helpful descriptors? How might they help you discern inflammatory activity, complications, and/or comorbidity?)
  - Location? (How is this relevant?)
  - Intensity? (How is this relevant? How is this measured? Could this be improved? How?)
  - Duration of pain when present? (How is this relevant?)
  - Frequency? (How is this relevant? Per day or over a week, month, or year?)
  - Pattern? (How is this relevant? Can you describe the pattern?)
  - When patient first developed abdominal pain? (How is this relevant?)
  - Factors that exacerbate or relieve the pain? (How is this relevant?)
  - Coping mechanisms and/or adaptive strategies? (How is this relevant?)
  - Pain medication? (How is this relevant?)
  - Impact? (How is this relevant?)
  - Of these what would be your top 3 priorities? Why?
  - What are the priorities during remission? Why?
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### **Question 2: Do you typically ask a patient with Crohn's disease about their pain? How about a patient with ulcerative colitis?**

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- Does it differ between patients? (How, why?)
  - Do you always address it? (Why? Why not? Influenced by known disease factors?)
  - How do you ask about pain? At which point during the consultation?
  - Do patients bring it up? How do you respond to that? How do you feel about the response you give? Different for active and inactive disease? (How?)
  - What do you think about secondary irritable bowel syndrome?
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- What would be needed to help you ask about pain better?
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**Question 3: What do you think about the concept of a pain reporting tool or app?**

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- Would you use it in clinical consultations?
  - How might it best be put to use?
  - Routinely or for specified people? (who?)
  - How would this fit with your clinical practice? (What are barriers? What might be enablers?)
  - Do you have any ideas on other ways to improve communication around pain in inflammatory bowel disease?
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