Supplementary Table S1. Questionnaire submitted to physicians.

	Question	**Response Option**
Q1	How many years of experience do you have in managing patients with Inflammatory Bowel Disease (IBD)?	<10 years 10–20 years >20 years
Q2	What is your primary clinical practice setting?	Non-university hospital University hospital
Q3	Approximately how many patients with IBD are currently managed at your center?	<100 patients 100–500 patients >500 patients
Q4	Do you have prescription rights for Janus kinase (JAK) inhibitors in your clinical practice?	Yes No
Q5	Are there patients currently receiving JAK inhibitor therapy in your outpatient clinic?	Yes No
Q6	Net of the restrictions imposed by AIFA and by your Region, when prescribing a JAK inhibitor, do you consider the problem of adherence to an oral therapy ?	Yes No
Q7	Which patient-related factors do you assess prior to prescribing JAK inhibitor therapy? (Select all that apply)	- Marital status - Employment status - Educational level Gender - All of the above

	Question	Response Option
Q8	Which of the following screening tests or evaluations do you routinely perform for all patients prior to initiating JAK inhibitor therapy? (Select all that apply)	- Lipid profile and Creatine Phosphokinase (CPK) - Cardiology consultation for all patients - Cardiology consultation, but exclusively for patients with established cardiovascular risk factors
Q9	In your clinical practice, does the daily dosing frequency (once daily vs. twice daily) influence your choice of a specific JAK inhibitor?	Yes No
Q10	In your outpatient clinic, have all patients undergoing JAK inhibitor therapy received vaccination against Herpes Zoster?	Yes No Do not know
Q11	Do you believe that concomitant polypharmacy for comorbidities (e.g., cardiovascular, metabolic, or other conditions) negatively impacts patient adherence to JAK inhibitor therapy?	Yes No
Q12	Do you believe that a history of poor adherence to 5-aminosalicylates (mesalamine) predicts or conditions poor adherence to JAK inhibitor therapy?	Yes No
Q13	In your clinical practice, do you dedicate time to evaluating/investigating adherence to therapies?	Yes No
Q14	If yes, with which tools (multiple answers possible)?	- Direct patient interviewing/self-reporting

	Question	Response Option
		- Anonymous patient questionnaires - Validated psychometric instruments (e.g., Morisky Medication Adherence Scale)
Q15	Which of the following strategies could best optimize provider-patient communication and support adherence to JAK inhibitor therapy? (Select up to 3 options) -	- Utilizing simplified, patient-centered language - Extending the duration of follow-up consultations - Establishing a stronger empathetic/humanistic patient-provider relationship - Enhancing active listening and comprehension of patient concerns - Utilizing direct, targeted questioning regarding medication intake - Ensuring continuity of care (i.e., the patient is evaluated by the same physician during follow-up visits)
Q16	In your opinion, can digital health technologies (e.g., e-health tools) be effective in maximizing medication adherence in patients with IBD?	Yes No Do not know / Uncertain
Q17	Which of the following interventions would most effectively help you improve regular medication adherence in your patients? (Select up to 3 options)	- Scheduled, periodic consultations with a dedicated nurse or physician - Reduction of the daily dosing frequency

	Question	Response Option
		- Provision of detailed educational materials regarding the disease and the prescribed medication - Digital health interventions (e.g., smartphone applications, automated reminders) - Referral to IBD patient support groups/communities - Enhanced communication and clearer medical explanations provided by the clinician
Q18	Are you fully aware of the clinical benefits associated with strict adherence to maintenance therapy?	Yes No
Q19	What do you consider to be the primary barrier leading to non-adherence or irregular medication intake by the patient? (Select up to 3 options)	- Fear of potential adverse drug reactions/side effects - Absence of symptoms (i.e., the patient perceives the medication as unnecessary during clinical remission) - Unintentional non-adherence (forgetfulness) - Lack of personal motivation or poor belief in treatment efficacy - Complexity of the therapeutic regimen (e.g., high pill burden, complex dosing schedules) - Insufficient or unclear information regarding the treatment plan
Q20	Which of the following physician behaviors is most likely to increase patient medication adherence?	- Empower/responsibilize patient - Involve patient in decisions - Explain consequences of non adherence

	Question	Response Option
		- Evaluate at every visit
Q21	Do you consider psychological support to be a valuable asset in managing these patients?	- Would be useful - Already in place - Not interested

Supplementary Table S2. Exploratory associations with uncorrected Fisher's exact p<0.05 discussed in the text (n=38; 279 pairwise tests performed). Contingency tables are [a,b],[c,d]: rows = first-named variable yes/no (Group 1/Group 2), columns = second-named variable (outcome) yes/no; % = proportion with the outcome in Group 1 vs. Group 2. OR by the Woolf method. q = Benjamini-Hochberg FDR across all 279 tests; no association had q<0.05.

Association (grouping variable → outcome)	Contingency table	% with outcome, Group 1 vs 2	Fisher's p	FDR q	OR (95% CI)
Q12 → Q16 (mesalamine belief → finds technology useful)	[25,3],[3,7]	89.3% vs 30.0%	0.0009	0.24	19.44 (3.19–118.4)
Q17b → Q19e (dose simplification → regimen complexity)	[14,10],[1,13]	58.3% vs 7.1%	0.0021	0.25	18.20 (2.04–162.6)
Q6 → Q12 (considers adherence a clinical concern → mesalamine belief)	[27,6],[1,4]	81.8% vs 20.0%	0.0122	0.41	18.00 (1.69–191.2)
Q9 → Q19e (dosing frequency important → regimen complexity)	[14,12],[1,11]	53.8% vs 8.3%	0.0116	0.41	12.83 (1.44–114.4)
Q12 → Q15b (mesalamine belief → more consultation time)	[22,6],[3,7]	78.6% vs 30.0%	0.0161	0.41	8.56 (1.68–43.50)
Q9 → Q17b (dosing frequency important → dose simplification)	[20,6],[4,8]	76.9% vs 33.3%	0.0144	0.41	6.67 (1.48–30.11)
Q9 → Q12 (dosing frequency important → mesalamine belief)	[22,4],[6,6]	84.6% vs 50.0%	0.0452	0.79	5.50 (1.16–26.02)
Q19b → Q19d (absence of symptoms → lack of motivation; inverse)	[6,20],[8,4]	23.1% vs 66.7%	0.0144	0.41	0.15 (0.03–0.68)
Q19a → Q19c (fear of side effects → forgetfulness; inverse)	[4,7],[23,4]	36.4% vs 85.2%	0.0052	0.36	0.10 (0.02–0.50)