

## Supplementary File 3. Data collection from medical records over 6 months

Variable						
<b>Alarm symptoms for IBD<sup>a</sup></b>						
Positive family history for IBD	Yes/no	Date				
Rectal bleeding	Yes/no	Date				
Involuntary weight loss	Yes/no	Date				
Decreased growth velocity	Yes/no	Date				
Aphthous stomatitis	Yes/no	Date				
Arthritis	Yes/no	Date				
Eye inflammation	Yes/no	Date				
Skin abnormalities	Yes/no	Date				
Perianal abnormalities	Yes/no	Date				
<b>Diagnosis</b>						
GP's diagnosis at index consultation	FGID	Constipation	Gastroenteritis	IBD	Celiac disease	Other
GP's diagnosis at 6 months follow-up	FGID	Constipation	Gastroenteritis	IBD	Celiac disease	Other
Paediatrician's diagnosis at 6 months follow-up	FGID	Constipation	Gastroenteritis	IBD	Celiac disease	Other
<b>Diagnostic tests</b>						
Haemoglobin	Yes/no	Date	Test result			
Leukocytes	Yes/no	Date	Test result			
Thrombocytes	Yes/no	Date	Test result			
CRP	Yes/no	Date	Test result			
ESR	Yes/no	Date	Test result			
Anti-transglutaminase IgA antibody	Yes/no	Date	Test result			
IgA antibody	Yes/no	Date	Test result			
Other blood test	Yes/no	Date	Test result			
Faecal calprotectin POCT	Yes/no	Date	Test result			
Faecal calprotectin sent to laboratory	Yes/no	Date	Test result			
Faecal culture	Yes/no	Date	Test result			
Faecal ova and parasite test	Yes/no	Date	Test result			

Urine dipstick	Yes/no	Date	Test result			
Urinalysis	Yes/no	Date	Test result			
Urine culture	Yes/no	Date	Test result			
Abdominal ultrasound	Yes/no	Date	Test result			
X-abdomen	Yes/no	Date	Test result			
Other radiology tests	Yes/no	Date	Test result			
<b>Referral</b>						
Referral	Yes/no	Paediatrician	Ped. gastroenterologist	Physiotherapist	Psychologist	Other
Reason for referral according to GP	<i>Free text</i>					
<b>Medication</b>						
Analgesics	Yes/no	Name	Frequency	Dosage	Duration	
Laxatives	Yes/no	Name	Frequency	Dosage	Duration	
Spasmolytics	Yes/no	Name	Frequency	Dosage	Duration	
Antibiotics	Yes/no	Name	Frequency	Dosage	Duration	
Other medication	Yes/no	Name	Frequency	Dosage	Duration	
<b>Consultations</b>						
GP	Yes/no	How often				
<b>Health care use in hospital</b>						
Emergency room	Yes/no	How often				
Use of ambulance	Yes/no	How often				
Endoscopy	Yes/no	Result				
Surgery	Yes/no	Which surgery				
Hospital admission	Yes/no	Duration				

<sup>a</sup> Per definitions in Table 1.

Abbreviations: CRP, C-reactive protein; ESR, erythrocyte sedimentation rate; FGID, functional gastrointestinal disease; GP, general practitioner; IBD, inflammatory bowel disease; IgA, Immunoglobulin A; Ped, paediatric; POCT, point-of-care-test