

Supplementary Table A: Survey Questions 1-11 with answer choices

Question	Answer Choices
1. Do you agree to participate?	-Yes -No
2. How many patients with JSSc do you follow in your current practice?	- 0 - 1-2 - 3-5 - 6-10 - 11-20 - >20
3. What best describes your practice type?	-Academic (e.g. University affiliated) -Non-Academic & Non-private (e.g., government) -Private Practice -Other
4. Please select the general location of your practice?	-Africa -Asia -Australia -Europe -North America -South America
5. What best describes your healthcare facility with regards to seeing pediatric patients?	-Pediatric practice -Adult practice -Both pediatric and adult practice -I don't see any pediatric patients
6. What best describes your specialty?	-Pediatric Rheumatologist - Other Pediatric Subspecialist -Adult Rheumatologist -Other Adult Subspecialist -Other
7. Does your practice or healthcare system perform <u>ASCT for any condition or age</u> ?	-Yes -No
8. Does your healthcare system or practice provide ASCT for Systemic Sclerosis?	-No -jSSc only -adult SSc only -both jSSc & adult-SSc
9. Do you provide care for any jSSc patients who have received an ASCT ? (the ASCT could have been done at another center)	-Yes -No
10. Have you ever considered ASCT for a jSSc patient?	-Yes -No
11. Have your ever referred a jSSc patient for an ASCT?	-Yes -No, but I would refer if I had a patient that I thought would benefit or if there was an ASCT center I could refer patients to -No, I would NOT refer because I do not think ASCT is an appropriate therapeutic option at this time