Appendix 2: Full list of survey questions

Q1. Do you have local hospital guidelines for assessment of NAFLD?

Please describe your centre according to one of the following categories:

Responses
30
50
67
28
38

Q2 How many referrals does your unit receive per year from for investigation of abnormal LFTs, from Primary Care; Diabetes / metabolic; Rheumatology / Dermatology?

	From Primary care—	From diabetes / metabolic medicine services—	From rheumatology / dermatology-
<50	5 (5%)	63(64%)	64 (65%)
51-100	14 (13%)	29 (29%)	26 (27%)
101-200	23 (21%)	5 (5%0	6 (6%)
201-300	19 (17%)	0	0
>300	49 (44%)	2 (2%)	2 (2%)
Total Responses	110	99	98
don't know	35	39	40

Q3 When triaging a referral with abnormal LFTs in your unit with suspected NAFLD, which of the following tests are performed routinely by the referring primary care team or receiving secondary care team?

	GP before first	Performed routinely by hospital team at or following initial visit in all patients—	Performed in selected cases	Not routinely performed in our unit-	Total Respondents	Missing / incomplete responses
Body Mass Index	25.86% 30	82.76% 96	7.76% 9	1.72% 2	116	0
Alcohol history	55.17% 64	79.31% 92	1.72% 2	0.86%	116	0
Waist circumference	1.16%	17.44% 15	29.07% 25	55.81% 48	86	30
GGT	42.59% 46	58.33% 63	9.26% 10	15.74% 17	108	8
AST	33.63% 38	71.68% 81	8.85% 10	4.42% 5	113	3
ALT	70.43% 81	69.57% 80	0.00% O	0.87%	115	1
Ferritin	22.61% 26	87.83% 101	1.74% 2	1.74% 2	115	1
Hepatitis B and C serology	32.76% 38	86.21% 100	3.45% 4	0.00% 0	116	0
Liver auto-antibody screen and immunoglobulins	19.13% 22	91.30% 105	1.74% 2	0.00% O	115	1
Liver and biliary tree ultrasound scan	37.07% 43	81.03% 94	2.59% 3	0.00% 0	116	0
Fibroscan	0.00% O	50.88% 58	40.35% 46	8.77% 10	114	2
ELF test or other serum fibrosis marker	2.08% 2	6.25% 6	10.42% 10	83.33% 80	96	20
Fatty Liver Index (FLI) score	1.06%	5.32% 5	6.38% 6	89.36% 84	94	22
NAFLD Fibrosis score	6.60% 7	45.28% 48	27.36% 29	27.36% 29	106	10
APRI score	0.00% O	8.79% 8	19.78% 18	71.43% 65	91	25
FIB-4 score	3.13%	19.79% 19	15.63% 15	63.54% 61	95	21
AST / ALT ratio	7.84% 8	57.94% 62	22.43% 24	19.63% 21	107	9
Cytokeratin 18	0.00%	3.16%	4.21% 4	94.74% 90	95	21

		Performed routinely by hospital team at or following initial visit in all patients—	Performed in selected cases	Not routinely performed in our unit-	Total Respondents	Missing / incomplete responses
(M30 and / or M65)						
Liver biopsy	0.00% 0	6.54% 7	84.11% 90	9.35% 10	107	9
random glucose	24.27% 25	67.96% 70	11.65% 12	7.77% 8	103	13
HbA1C	20.00% 21	60.95% 64	22.86% 24	6.67% 7	105	11
non-fasting lipid profile	17.35% 17	66.33% 65	11.22% 11	13.27% 13	98	18
fasting glucose	11.96% 11	28.26% 26	51.09% 47	14.13% 13	92	24
fasting lipid profile	15.15% 15	32.32% 32	48.48% 48	13.13% 13	99	17
fasting insulin	0.00% O	2.17%	25.00% 23	73.91% 68	92	24

Q4 In respect to liver biopsy in cases of NAFLD

Q4 In respect	Strongly		Neither agree nor		Strongly
	agree	Agree	disagree	Disagree	disagree
is indicated with intermediate- risk non- invasive risk scores (e.g. ELF, NAFLD Fibrosis score, FIB4 score, AST / ALT ratio)	8.93% 10	38.39% 43	28.57% 32	21.43% 24	2.68% 3
is indicated with high- risk non- invasive risk scores (e.g. ELF, NAFLD Fibrosis score, FIB4 score, AST/ALT ratio)	21.24% 24	31.86% 36	17.70% 20	26.55% 30	2.65% 3
is indicated when other non-invasive tests are unreliable (e.g. Fibroscan with IQR >30%)	16.96% 19	54.46% 61	23.21% 26	4.46% 5	0.89% 1
is indicated with >2 metabolic syndrome features	0.89% 1	7.14% 8	43.75% 49	45.54% 51	2.68% 3
is indicated with >3 metabolic syndrome features	2.70% 3	13.51% 15	37.84% 42	41.44% 46	4.50% 5
is useful to exclude an alternative diagnosis e.g auto-immune liver disease	25.66% 29	58.41% 66	12.39% 14	3.54% 4	0.00% O
to required to make a diagnosis of NASH	18.02% 20	33.33% 37	13.51% 15	30.63% 34	4.50% 5
is poorly	3.57% 4	20.54% 23	30.36% 34	39.29% 44	6.25% 7

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
tolerated by patients					
does not alter management of NAFLD	4.46% 5	17.86% 20	25.00% 28	45.54% 51	7.14% 8
is helpful to understand disease progression	8.93% 10	53.57% 60	25.00% 28	11.61% 13	0.89% 1

Q5. What lifestyle interventions and support do you regularly access for your patients with NAFLD? (tick all that apply)

Answer Choices—	Responses-
a multidisciplinary clinic with dieticans and physiotherapy	20.91% 23
direct access to tier 2 weight mamangement (BMI<35)	26.36% 29
direct access to tier 3 weight management services (BMI>35)	22.73% 25
direct access to tier 4 weight management services (BMI>40) including assessment for bariatric surgery	26.36% 29
access to weight management services by referral from GP	56.36% 62
no additional lifestyle intervention support available	

Q6. What advice do you give NAFLD patients about alcohol consumption?

nswer Choices-	Responses
	20.18%
To always remain completely abstinent from alcohol	22
	70.64%
To drink < 14 units per week in those without advanced fibrosis	77
	63.30%
Explain that alcohol is calorific and should be moderated to help reduce weight	69
	2.75%
There is insufficient evidence to make a recommendation	3
	1.83%
I do not routinely advise on safe alcohol consumption	2

Q7. With respect to interventions in cases of NAFLD / NASH do you recommend and / or prescribe the following:

	I usually / routinely do this-	I do this occasionally in selected cases-	I never do this-
dietary advice	96.40%	3.60%	0.00%
	107	4	0
exercise advice	94.59%	5.41%	0.00%
	105	6	0
weight loss	47.87%	30.85%	21.28%
target of >5%	45	29	20
weight loss	53.40%	35.92%	10.68%
target of >10%	55	37	11
vitamin E	1.83%	23.85%	74.31%
	2	26	81
specific insulin sensitisers e.g. pioglitazone, liraglutide	1.83%	46.79% 51	51.38% 56
omega-3	0.00%	10.00%	90.00%
supplements		11	99
specific lipid lowering therapies	13.51% 15	54.95% 61	31.53% 35
probiotics	0.00%	5.50% 6	94.50% 103

Q8. Who manages features of metabolic syndrome in the patients you see with NAFLD?

	Specifically managed by you-	you provide advice to GP or other healthcare provider to manage this—	you request GP to manage this	you don't advise on this-	your centre has a multidisciplinary metabolic service to manage this—
type 2 diabetes e.g. advice on specific treatments and glycaemic control e.g.HbA1c	0.91% 1	40.00% 44	47.27% 52	0.91% 1	10.91% 12
obesity	4.59% 5	46.79% 51	31.19% 34	0.92% 1	16.51% 18
hypertension	0.91%	24.55% 27	63.64% 70	2.73% 3	8.18% 9
hyperlipidaemia	1.82% 2	33.64% 37	51.82% 57	1.82% 2	10.91% 12
cardiovascular risk profile e.g. QRISK2 score & statin prescribing	1.83% 2	29.36% 32	54.13% 59	7.34% 8	7.34% 8
obstructive sleep apnoea	0.92% 1	43.12% 47	23.85% 26	20.18% 22	11.93% 13

Q9. Which of the following imaging modalities are available in your unit?

	Routinely available and used—	Available, but used for selected cases only including research studies—	Unavailable at our unit—	Don't know-
	70.37%	6.48%	20.37%	2.78%
Transient Elastography (Fibroscan) M Probe	76	7	22	3
Transient Elastography (Fibroscan) XL Probe	63.89% 69	6.48% 7	24.07% 26	5.56% 6
Controlled attenuation parameter (CAP)	28.57% 30	4.76% 5	56.19% 59	10.48%
Acoustic radiation force impulse (ARFI)	5.61% 6	12.15% 13	71.03% 76	11.21% 12
MRI elastography	0.94%	15.09% 16	73.58% 78	10.38%
Magnetic Resonance Imaging estimated proton density fat fraction (MRI-PDFF)	0.93% 1	14.95% 16	68.22% 73	15.89% 17
Magnetic Resonance Spectroscopy – proton density fat fraction (MRS- PDFF)	0.93% 1	14.81% 16	68.52% 74	15.74% 17

Q10. Please describe to what extent the following factors influence your decision to follow up or discharge a patient with NAFLD from your clinic.

Cililic.	Strongly favours ongoing follow up-	Favours ongoing follow up-	Neutral-	Favours discharge to primary care	Strongly favours discharge to primary care
A child or young person with evidence of NAFLD	22.43% 24	45.79% 49	16.82% 18	14.95% 16	0.00% O
The presence of Type 2 diabetes	7.55% 8	34.91% 37	47.17% 50	10.38% 11	0.00% O
South Asian ethnicity	1.89% 2	31.13% 33	57.55% 61	9.43% 10	0.00% O
Low risk non- invasive investigations for advanced fibrosis	1.85% 2	2.78% 3	9.26% 10	61.11% 66	25.00% 27
Intermediate risk non- invasive investigations for advanced fibrosis	7.55% 8	52.83% 56	25.47% 27	14.15% 15	0.00% O
High risk non-invasive investigations for advanced fibrosis	51.85% 56	40.74% 44	2.78% 3	3.70% 4	0.93% 1
Current pressures on clinic capacity	2.83% 3	7.55% 8	51.89% 55	33.02% 35	4.72% 5
Individual is unlikely or unable to lose weight	0.00% O	18.87% 20	54.72% 58	24.53% 26	1.89% 2
Liver biopsy showing simple / bland steatosis without inflammation, ballooning or fibrosis	0.93% 1	8.33% 9	9.26% 10	51.85% 56	29.63% 32
Liver biopsy showing NASH (NAS score >4) with early F1 fibrosis	13.33% 14	43.81% 46	17.14% 18	25.71% 27	0.00% O
Liver biopsy showing NASH with moderate F2 fibrosis	38.68% 41	40.57% 43	8.49% 9	12.26% 13	0.00% O
Liver biopsy showing NASH with advanced F3/F4 fibrosis	73.15% 79	25.93% 28	0.93% 1	0.00% O	0.00% O
Lack of robust recall guidelines for primary care	5.56% 6	31.48% 34	58.33% 63	2.78% 3	1.85% 2