

Appendix

Dietary Management of Irritable Bowel Syndrome: Utilization by United States Gastroenterologists

Q1 Are you a:

- Board Certified/Eligible Gastroenterologist (1)
- Fellow-in-training (2)

Answer if are you a: board certified/eligible gastroenterologist is selected

Q2 Years out from GI training:

- Less than 1 year (1)
- 1-5 years (2)
- 6-10 years (3)
- 11-15 years (4)
- 16-20 years (5)
- Over 20 years (6)

Q3 What is your primary practice site?

- Academic (1)
- Multi-specialty Group (2)
- GI Solo (3)
- VA (4)

Q4 What percentage of your outpatient clinic time is spent treating patients with IBS?

- Less than 10% (1)
- 10-25% (2)
- 26-50% (3)
- 51-75% (4)
- More than 75% (5)

Q5 How often do your patients link food intake to their bowel symptoms (either onset or exacerbation)?

- Almost never (1)
- Rarely (2)
- Sometimes (3)
- Usually (4)
- Almost always (5)

Q6 How often do your patients self-manage their IBS prior to a visit with you?

- Almost never (1)
- Rarely (2)
- Sometimes (3)
- Usually (4)
- Almost always (5)

Q7 How often will your patients have tried the following diets before you see them?

	Almost never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Almost always (5)
Trial and error (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lactose-free (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten-free (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fat-free (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FODMAP (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8 In what percentage of your patients do you recommend dietary therapy into the treatment of your IBS patients?

- Less than 10% (1)
- 10-25% (2)
- 26-50% (3)
- 51-75% (4)
- More than 75% (5)

Q9 How important are each of the following factors in your decision to recommend dietary therapy for patients with IBS?

	Not important (1)	Not very important (2)	Somewhat important (3)	Important (4)	Very important (5)
Evidence supporting dietary therapy (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time needed to provide counseling (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to registered dietitians knowledgeable about IBS (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10 How often do you recommend the following diets to your IBS patients?

	Almost never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Almost always (5)
Lactose-Free (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten-Free (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FODMAP restricted (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Fiber (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Fat (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Never Is Equal to 5, Then Skip To How do you deliver nutritional advice...

Answer if how often do you recommend the following diets to your IBS patients? - never is greater than 0

Q11 How often do you find the following diets effective for the treatment of IBS?

	Very Ineffective (1)	Somewhat Effective (2)	Neither Effective nor Ineffective (3)	Somewhat Effective (4)	Very Effective (5)
Lactose-Free (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten-Free (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FODMAP restricted (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Fiber (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Fat (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12 Which best describes the role of dietary therapy in the management of your patients with IBS?

- Primary therapy (1)
- Secondary therapy (adjunctive or if other options have failed) (2)
- Not incorporating dietary therapy (3)

Q13 How would you rate the efficacy of dietary therapy for IBS in comparison with other treatments available?

- Much worse (1)
- Worse (2)
- About the same (3)
- Better (4)
- Much better (5)

Q14 How comfortable are you in providing counseling about dietary therapy in your IBS patients?

- Not at all comfortable (1)
- Not very comfortable (2)
- Somewhat comfortable (3)
- Comfortable (4)
- Very comfortable (5)

Q15 How often do you find the following to be barriers to dietary intervention for your IBS patients?

	Almost never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Almost always (5)
Complexity of diet (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expense of the diet (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance coverage for dietitian visits (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet-specific recipes (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient interest (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal preparation time (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q16 How do you deliver nutritional advice to your IBS patients? Select all that apply.

- Educational handouts (1)
- Educational website (2)
- Book (3)
- Verbal only (4)
- Refer to a dietitian (5)
- App for smart phone/tablet device (6)

Q17 To whom do you refer your IBS patients for nutrition counseling?

- General dietitian outside of your GI group (1)
- General dietitian within your GI group (2)
- Specialized GI dietitian outside of your group (3)
- Specialized GI dietitian within of your group (4)

Q18 How often do you refer your IBS patients to a registered dietitian (RD)?

- Almost never (1)
- Rarely (2)
- Sometimes (3)
- Usually (4)
- Almost always (5)

Q19 How often do you include a specific diet recommendation when referring to an RD?

- Almost never (1)
- Rarely (2)
- Sometimes (3)
- Usually (4)
- Almost always (5)

Q20 How often do you reassess symptom response to dietary recommendations after you refer a patient to an RD?

- Almost never (1)
- Rarely (2)
- Sometimes (3)
- Usually (4)
- Almost always (5)

Q21 Who follows up your IBS patients after dietary education? Select all that apply.

- Myself (1)
- Registered dietitian (2)
- Advanced practice provider (APP) (3)
- PCP (4)

Q22 What steps would enhance the delivery of dietary therapy to your patients? Select all that apply.

- Nutrition classes for patients (1)
- Educational websites (2)
- Written handouts (3)
- CME courses to train GI physicians (4)
- Availability of registered dietitians with an IBS focus (5)
- Payer coverage of dietary consults and therapy (6)
- App for smart phone/tablet device (7)
- Other; please specify: (8) _____

Q23 If you are randomly selected for one of the amazon.com gift cards, how would you prefer to be notified?

- Email: (1) _____
- Phone: (2) _____