

## Multimedia Appendix 2. Pediatric Surgeon Survey (Prefaced with Survey Consent Disclosure)

<b>Part 1 – Survey 1</b>	
What are the most common problems (top 5) related to Hirschsprung's Disease that you encounter in your practice?	[open ended] 1. 2. 3. 4. 5.
How long have you been in practice with patients who have Hirschsprung's Disease?	0-5 years 6-15 years >15 years
How many patients with Hirschsprung's Disease do you see every year?	0-5 cases >5 cases
Do you have multidisciplinary follow up for Hirschsprung's Disease patients in your practice?	Yes No
<b>Part 2 – Survey 2</b>	
What resources do you use to guide your medical management of HD? <i>Check all that apply.</i>	Point of Care Tools (i.e. UpToDate, MD-consult)  Practice Guidelines or Protocol  Your Expert Opinion (knowledge & experience)  Expert Opinion from a Colleague  Journal Articles in fields related to HD: <ul style="list-style-type: none"> <li><input type="checkbox"/> Systematic reviews / meta-analyses</li> <li><input type="checkbox"/> Narrative reviews</li> <li><input type="checkbox"/> Clinical trials</li> <li><input type="checkbox"/> Cohort studies</li> <li><input type="checkbox"/> Case studies</li> <li><input type="checkbox"/> Editorial / opinion papers</li> <li><input type="checkbox"/> Any study type</li> </ul> Journal Articles about HD: <ul style="list-style-type: none"> <li><input type="checkbox"/> Systematic reviews / meta-analyses</li> <li><input type="checkbox"/> Narrative reviews</li> <li><input type="checkbox"/> Clinical trials</li> <li><input type="checkbox"/> Cohort studies</li> <li><input type="checkbox"/> Case studies</li> <li><input type="checkbox"/> Editorial / opinion papers</li> <li><input type="checkbox"/> Any study type</li> </ul> Other:
Do you have practice guidelines, tools or pathways that your facility uses for managing HD that you could share with us?	Yes No <b>If yes</b> , please send via email to our study team at [email provided].
May we contact you for further information on guidelines, tools, or pathways?	Yes No <b>If so</b> , please provide your preferred contact information. Contact information:

