

Supplementary Table 1 Intra-observer agreement for each questionnaire item between the first and second surveys

No.	Question	Intra-observer agreement (κ)	<i>P</i> value
2	Do you have a specific institutional strategy for CDB?	0.89	< 0.001
3	How many patients are hospitalized for CDB annually?	0.84	< 0.001
5	How many endoscopists perform early colonoscopy within 24 h after patient arrival at your hospital?	0.91	< 0.001
10	What do you use as the first diagnostic examination for hematochezia and suspected CDB?	0.95	< 0.001
13	Do you request bowel preparation?	0.85	< 0.001
15	How do you perform colonoscopy to improve identification of SRH?		< 0.001
	Cap-assisted colonoscopy	0.83	< 0.001
	Long cap-assisted colonoscopy	0.80	< 0.001
	Inverting diverticulum via suction of colonoscopy	0.89	< 0.001
	Wash out with water	1.00	< 0.001
	Colonoscopy by multiple doctors	0.53	< 0.001
	Colonoscopy under X-ray	0.65	< 0.001
16	Do you examine small intestinal bowel examination when you are unable to diagnose CDB definitely by colonoscopy?	0.86	< 0.001

17	Which modality do you use when you examine small intestinal bowel?	0.88	< 0.001
18	What kind of endoscopic treatment do you perform as first-line therapy?	0.91	< 0.001
19	Which kinds of patient undergo non-endoscopic therapy? ¹		< 0.001
	Patients with an unidentified bleeding source	0.77	< 0.001
	Patients with rebleeding	0.77	< 0.001
	Patients with hemorrhagic shock	0.81	< 0.001
20	What kind of non-endoscopic therapy do you perform as first-line therapy or when you are unable to identify SRH at endoscopy?	0.91	< 0.001
21	What kind of treatment do you perform to prevent rebleeding? ¹		< 0.001
	Treatment of diabetes mellitus	NA	< 0.001
	Treatment of hypertension	0.90	< 0.001
	Discontinuation NSAIDs	0.87	< 0.001
	Discontinuation antithrombotic drugs	0.94	< 0.001
	Administering vitamin D	NA	< 0.001
	Treatment of constipation	0.75	< 0.001
	Administering a low fiber diet	0.87	< 0.001
24	How often do you identify SRH in patients who underwent colonoscopy?	0.90	< 0.001
25	How often do you experience rebleeding after endoscopic hemostasis?	0.85	< 0.001

26	How often do you experience rebleeding after IVR?	1.00	< 0.001
27	How often do you experience rebleeding after barium impaction therapy?	1.00	< 0.001

¹Duplicated data allowed. CT: Computed tomography; IVR: Interventional radiology; NSAIDs: Non-steroidal anti-inflammatory drugs; SRH: Stigmata of recent hemorrhage; CDB: Colonic diverticular bleeding.

Appendix

Thirty-seven hospitals were located in East and West Japan with 100 to 1000 beds as follows: Tottori University Hospital, Tottori; Tokyo Medical Center, Tokyo; Mitoyo General Hospital, Kagawa; The University of Tokyo, Tokyo; Wakayama Medical University Hospital, Wakayama; Fukushima Medical University Hospital, Fukushima; Cancer Institute Hospital, Tokyo; Yokohama City University Hospital, Kanagawa; National Center for Global Health and Medicine, Kohonodai Hospital, Chiba; The Jikei University Hospital, Tokyo; Otaru-Ekisaika Hospital, Hokkaido; Tohoku University Hospital, Miyagi; Hokkaido University Hospital, Hokkaido; Toyonaka Municipal Hospital, Osaka; Chiba University Hospital, Chiba; NTT East Japan Kanto Hospital, Tokyo; Kanazawa University Hospital, Kanazawa; Yamaguchi University Hospital, Yamaguchi; Ishikawa Prefectural Central Hospital, Ishikawa; Tonan Hospital, Hokkaido; National Cancer Center Hospital, Tokyo; Aichi Cancer Center Hospital, Aichi; Toranomom Hospital, Tokyo; Hiroshima University Hospital, Hiroshima; Hirosaki University Hospital, Aomori; Osaka University Hospital, Osaka; Kobe University Hospital, Kobe; Shizuoka Cancer Center, Shizuoka; Kitazato University Hospital, Kanagawa; Osaka General Medical Center, Osaka; Nagasaki Harbor Medical Center City Hospital, Nagasaki; Nagasaki University Hospital, Nagasaki; Teikyo University Medical Center, Chiba; Shuto General Hospital, Yamaguchi; Fukui Prefectural Hospital, Fukui; National Center for Global Health and Medicine, Tokyo; and St Luke's International Hospital, Tokyo.