**Appendix: The FMT Questionnaire Used in the Present Study**

Fecal microbiota transplantation (FMT) refers to the instillation of fecal suspension from a healthy person into the gastrointestinal (GI) tract of a patient to cure a specific disease by restoring the construction of the intestinal flora. Interest worldwide in the use of FMT for gastrointestinal diseases and non-gastrointestinal diseases is growing, especially in Western countries. This novel treatment is still in its infancy in China. The objective of this survey is to investigate attitudes and perceptions towards FMT to provide information and an assessment of FMT development in China. This survey is voluntary and anonymous, but to finish the survey, a response is required for each question. Thank you for your time.

**Demographics**

1. Age:

2. Gender: □ Male □ Female

3. Education:

□ College/University □ Postgraduate □ Doctor □ Postdoctoral

4. Professional title:

□Resident physician □Attending physician □Associated chief physician □Chief physician

5. Present address: Road (Street), Town, County, City, Province.

6. Hospital location:

7. Level of your hospital:

□ Community hospital □ Secondary hospital □ Tertiary hospital

8. Department:

□ Gastroenterology and Hepatology □ General Surgery □ Endocrinology □ Other departments

9. Gastroenterology experience:

□ Less than 2 years □ 2-5 years □ 6-10 years □ 10-20 years □ Longer than 20 years

**Attitude to FMT**

1. Did you hear of FMT before this survey?

□ Yes □ No

1. Are you aware of FMT or do you understand its procedure (principle and technology) well?

□ Yes □ No

1. How do you know of FMT? (Multiple choice)

□ Professional magazines □ Conferences □ News reports □ Communication with colleagues

1. Have you attended any conferences on FMT? □ Yes □ No

If yes, please select (Multiple choices): □ Conferences in your hospital □ Domestic conferences □ International conferences

5. Have you read articles or reports about FMT? □ Yes □ No

If yes, please select (Multiple-choice): □ Popular Science Articles □ Domestic professional articles □ International professional articles

6. Is your hospital involved in studies of FMT? □ Yes □ No

If yes, please select (Multiple choice):　 □ Animal trial □ Clinical trials　□ Both

7. Are you interested in FMT knowledge and training?

□ Yes □ No

8. Are you willing to choose FMT ahead of other treatments if you have appropriate patients?

□ Yes □ No Reason:

If not, are you willing to choose FMT as an alternative method ? □ Yes □ No

9. Do you think FMT is feasible in China?

□ Yes □ No □ have no idea

10. Do you think FMT is feasible in your hospital?

□ Yes □ No □ have no idea

11. The reasons for choosing FMT as a treatment option are as follows (Multiple-choice, rank the reasons) .

□ Safety □ Efficacy □ Reduction of hospital cost □Reduction of average hospital stay □A new treatment for refractory diseases

12. What do you think are the barriers for FMT clinically? (Multiple-choice, rank the barriers) .

□ Acceptance of patients □ Efficacy □ Safety □Uncomfortable to handle feces □Not approved by hygiene department □ Absence of guidelines □ Constraints of system and ethics

**FMT technique-associated questions**

**Indications**

13. Do you think the diseases below could be treated with FMT?

Recurrent *Clostridium* *difficile* infection (RCDI) □Yes □Unsure □No reason:

Ulcerative Colitis (UC) □Yes □Unsure □No reason:

Crohn’s Disease (CD) □Yes □Unsure □No reason:

Refractory Ulcerative Colitis (RUC) □Yes □Unsure □No reason:

Inflammatory Bowel Disease (IBD) combined with CDI □Yes □Unsure □No reason:

Irritable Bowel Syndrome (IBS) □Yes □Unsure □No reason:

Chronic Constipation □Yes □Unsure □No reason:

Obesity □Yes □Unsure □No reason:

Type 2 Diabetes Mellitus □Yes □Unsure □No reason:

Other diseases:

**Donors**

14. What type of donors do you prefer? (Multiple choice) :

□ Blood relatives

□ Non-blood relatives (such as spouse)

□ Intimate friends

□ Healthy volunteers with no relation

□ All above

15. Which type of donor is better in your opinion?

□ Children □Adults □Both Reason:

**Operation Site**

16. Which site do you prefer to operate FMT in?

□ Endoscope Center □Ward □Both Reason:

**Administration route**

17. Which administration route do you prefer ?

□ Upper GI tract

Reasons (Multiple choices):

□ Better efficacy □ Fewer side effects

□ More acceptance by patients psychologically □ Performing easily

□ Lower risk Reason:

□Lower GI tract

Reasons (Multiple choices):

□ Better efficacy □ Fewer side effects

□ More acceptance by patients psychologically □ Performing easily

□ lower risk, gut flora colonized in situ easily Reason:

□ Both

□Unclear

**Risk**

18. What donor examinations are required before FMT (Multiple choices)?

□ Disease history

□ Stool examinations

□ Blood examinations

□ Unsure

19. What do you think about the risk of FMT?

□ No risk

□ Lower risk, transient adverse reactions, such as abdominal discomfort

□ Higher risk, such as disease transmission, bacteremia, and so on.

□ Severe risk, may die

□ Unsure

20. What are the prospects of FMT in your opinion?

□ Great prospects □ Little or no prospects □ Unsure