

## Supplementary Material 1 Focus Study Pre-survey

### FOCUS: FC Requisition Survey

Please enter all of the requested information PRIOR to sending the stool sample to GIRI for processing.

1. Enter Investigator's name/code
2. Enter Patient ID (alphanumeric code)
3. What is your patient's age? (years)
4. Has the subject been diagnosed with IBD? (yes or no)
5. Enter the duration of disease (duration; date)
6. Was the diagnosis made by Endoscopy? (yes or no)
7. What is the diagnosis? (Crohn's Disease; Ulcerative Colitis; Other (please specify))
8. Where is the Crohn's Disease located? (Choose all that apply)
  - Proximal small bowel
  - Ileum
  - Colon
9. Where is the Ulcerative Colitis located?
  - Proctitis (rectum)
  - Left sided (sigmoid to splenic flexure)
  - Pancolitis
10. Enter Results of Prior Investigations: (MUST be within 30 days of today)
  - Hgb (g/L)
  - WBC ( $\times 10^9/L$ )
  - Plts ( $\times 10^9/L$ )
  - CRP
  - Albumin (g/L)
11. Enter current medications/dosages: (Please specify dosage and route of administration)
  - 5-ASA
  - Steroids (Prednisone, Budesonide)
  - Azathioprine

- 6-MP
- Methotrexate
- Infliximab
- Adalimumab
- Other

12. Fecal Calprotectin is most commonly ordered in the following 4 situations.

Please select the statement below that most accurately reflects your rationale for requesting a FC level for your patient.

- To distinguish the symptoms of IBS from those of IBD in a patient with NO prior history of IBD
- To distinguish the symptoms of IBS (a disease flare) from those of IBD in a patient known to have IBD
- To monitor the response to therapy (i.e. after induction or a change in dosage)
- As an objective measure of disease activity (i.e. post-operative recurrence)
- Other (please specify)

13. In addition to the FC assay, please specify what other investigations you are arranging at this time (if any)

(Select all that apply)

- CBC
- Albumin
- Liver Enzymes
- CRP
- Abdominal CT Scan
- CT Enterography
- MR enterography
- EGD
- Flexible Sigmoidoscopy
- Colonoscopy
- NONE

- Other (please specify)

14. If a Fecal Calprotectin Assay were NOT available, please tell us how you would manage your patient.

(Choose as many as apply)

- Observe
- Order other investigations
- Proceed to Endoscopy
- Initiate/Modify Therapy
- Other (please specify)

15. Please specify which investigations you would order (Do NOT include Endoscopy)

(Select all that apply)

- CBC
- Albumin
- Liver Enzymes
- CRP
- Abdominal CT Scan
- CT Enterography
- MR enterography
- Other (please specify)

16. If you would proceed to endoscopy, would you arrange...

- EGD
- Flexible Sigmoidoscopy
- Colonoscopy
- Other (please specify)

17. If you chose to initiate or modify therapy, please specify if you would....

Start drug

Increase dose

Decrease Dose

Stop Drug

N/A

5-ASA

Steroid

Azathioprine

6-MP Methotrexate

Infliximab

Adalimumab

Other (please specify)

Thank you for completing the Fecal Calprotectin Requisition Questions. You may now submit the patient specimen.

Please remember to include the subject's identification number and be sure that it matches the number used in the survey.

If you have questions, contact Christina Beerens at (604) 688-6332 ext. 247

## Supplementary Material 2 Focus Study Post-survey

### FOCUS Follow-up Survey

1. Enter Investigator's name/code
2. Enter Patient ID (alphanumeric code)
3. Please Enter

Fecal Calprotectin Level (mcg/g)

Date Performed (DD/MM/YYYY)

4. Did the FC result change your management?

- Yes
- No
- Undecided

If undecided, please explain

5. Why did the FC result NOT influence your management?

(You may select more than one answer)

- You will proceed to ENDOSCOPY anyway
- You will INITIATE/MODIFY THERAPY anyway
- You will OBSERVE/MAKE NO CHANGE to therapy anyway

Other (please specify)

6. What endoscopy will you perform?

- EGD
- Flex Sig
- Colonoscopy

Why?

7. If you chose to initiate or modify therapy, please specify if you would....

Start drug    Increase dose    Decrease Dose    Stop Drug

5-ASA

Steroid

Azathioprine

6-MP

Methotrexate

Infliximab

Adalimumab

Other (please specify)

8. How did the FC result change your management? Will you...

(you may select more than one option)

- Observe
- Order other investigations
- Proceed to endoscopy
- Cancel or postpone endoscopy
- Initiate/Modify therapy

Other (please specify)

9. What other investigations are you ordering?

(Select all that apply)

- CBC
- Albumin
- Liver Enzymes
- CRP
- Abdominal CT Scan
- CT Enterography
- MR enterography
- EGD
- Flexible Sigmoidoscopy
- Colonoscopy
- Other (please specify)

10. What endoscopy will you perform?

- EGD
- Flexible Sigmoidoscopy
- Colonoscopy

11. If you chose to initiate or modify therapy, please specify if you would....

Start drug    Increase dose    Decrease Dose    Stop Drug N/A

5-ASA

Steroid

Azathioprine

6-MP Methotrexate

Infliximab

Adalimumab

Other (please specify)

12. Was the FC assay sufficiently useful that you would order it again for a similar patient in a similar clinical situation?

- Yes
- No

If No, please explain

Thank you for completing the Fecal Calprotectin Follow Up Questionnaire.  
Your participation and support of this research is greatly appreciated!