

Supplement 1. Initial pre-meeting survey questions sent to potential participants.

In total 6 eligible participants completed the pre-meeting survey (Study coordinators who designed the questions were not eligible to participate). Participants could choose as many options as it could apply. Results are shown in brackets.

1. Which item describes your practice better?
 - 1.1. University hospital (83.3%)
 - 1.2. Community hospital
 - 1.3. Group Practice (16.7%)
 - 1.4. Government hospital
 - 1.5. Private practice
 - 1.6. Other: "free text"

2. Which of these hydrogen-based breath tests are readily available in your practice:
(please choose as many as applicable)
 - 2.1. Lactulose breath test (83.3%)
 - 2.2. Glucose breath test (50.0%)
 - 2.3. Lactose breath test (66.7%)
 - 2.4. Fructose breath test (33.3%)
 - 2.5. Sucrose breath test (16.7%)
 - 2.6. Sorbitol breath test (0%)
 - 2.7. D-xylose breath test (0%)
 - 2.8. Other: "Free text": "Fructan intolerance" (16.7%)

3. To help diagnose which disease states do you use a hydrogen-based breath test:
(please choose as many as applicable)
 - 3.1. Lactase deficiency (66.7%)
 - 3.2. Fructose intolerance (66.7%)
 - 3.3. Small intestinal bacterial overgrowth (100%)
 - 3.4. IBS (66.7%)
 - 3.5. Constipation (66.7%)
 - 3.6. Malabsorption (0%)
 - 3.7. Gastroparesis (0%)
 - 3.8. Fast small bowel transit (0%)
 - 3.9. Other: "Free text": (0%)

4. How often do you order a breath test in a patient with IBS-like symptoms (e.g. diarrhea, constipation, bloating and abdominal discomfort)
 - 4.1. Never (0%)
 - 4.2. < 25% (33.3%)
 - 4.3. 25-50% (50%)
 - 4.4. 50-75% (0%)
 - 4.5. ≥75% (16.7%)

5. With respect to hydrogen, which criterion do you use to classify a lactulose or glucose breath test as positive: (please choose as many as applicable)
 - 5.1. Rise of hydrogen above 20 ppm (50.0%)
 - 5.2. Rise of hydrogen by 10 ppm over baseline (16.7%)
 - 5.3. Rise of hydrogen by 15 ppm over baseline (0%)
 - 5.4. Rise of hydrogen by 20 ppm over baseline (33.3%)
 - 5.5. Double peak (33.3%)
 - 5.6. Baseline measurement of more than 20 ppm (33.3%)
 - 5.7. Other: "Free text": "Rise of hydrogen by 12 ppm over baseline" (16.7%)

6. With respect to hydrogen, which criterion do you use to classify a lactose breath test as positive: (please choose as many as applicable)
 - 6.1. Rise of hydrogen above 20 ppm (66.7%)
 - 6.2. Rise of hydrogen by 10 ppm over baseline (0%)
 - 6.3. Rise of hydrogen by 15 ppm over baseline (0%)
 - 6.4. Rise of hydrogen by 20 ppm over baseline (33.3%)
 - 6.5. I interpret lactose breath test only in conjunction with serial blood glucose levels (33.3%)
 - 6.6. Other "Free text": "Do not use this test" (16.7%) "Late rise in the colon" (16.7%)

7. With respect to hydrogen, which criterion do you use to classify a fructose breath test as positive: (please choose as many as applicable)
 - 7.1. Rise of hydrogen above 20 ppm (33.3%)
 - 7.2. Rise of hydrogen by 10 ppm over baseline (0%)
 - 7.3. Rise of hydrogen by 15 ppm over baseline (0%)
 - 7.4. Rise of hydrogen by 20 ppm over baseline (33.3%)
 - 7.5. I interpret fructose breath test only in conjunction with serial blood glucose levels (0%)
 - 7.6. Other "Free text": "Later rise in colon" (16.6%). "Do not use" (33.3%)

8. Do you incorporate methane levels in interpretation of glucose, lactose, lactulose and fructose breath tests:

8.1. Yes (66.7%)

8.2. Yes but only in Only in lactulose and glucose breath test (33.3%)

8.3. No (0%)

9. If you answered yes to question #7, what level of methane is considered significant in your practice:

9.1. ≥ 1 ppm (0%)

9.2. ≥ 3 ppm (16.7%)

9.3. ≥ 5 ppm (0%)

9.4. ≥ 10 ppm (50.0%)

9.5. ≥ 20 ppm (0%)

9.6. Other: "free text": " ≥ 8 ppm" (16.7%); " ≥ 12 ppm" (16.7%)

10. How do you interpret breath tests with fixed low hydrogen production in non-methane producers (i.e. "flat liners")

10.1. Normal (66.7%)

10.2. Excessive hydrogen sulfide producer (0%)

10.3. I will repeat the test after treating patient with MgSO₄ (16.7%)

10.4. Other: "free text": "Rules out SIBO" (16.7%)