Survey

Please complete the survey below.

Thank you!

1) What province/territory do you practice in?
   - Alberta
   - British Columbia
   - Manitoba
   - New Brunswick
   - Newfoundland and Labrador
   - Nova Scotia
   - Ontario
   - Prince Edward Island
   - Quebec
   - Saskatchewan
   - Northwest territories
   - Nunavut
   - Yukon

2) Which of the following options best describes your clinical practice?
   - Full-time, community setting
   - Part-time, community setting
   - Full-time, academic setting
   - Part-time, academic setting
   - Other

3) How long ago did you complete your training in pediatric gastroenterology, hepatology and nutrition?
   - < 5 years ago
   - 5-10 years ago
   - 11-20 years ago
   - > 20 years ago

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Referral and Diagnosis

4) Who refers most patients with (presumed) NAFLD to your practice?
   - Family doctors
   - Pediatricians
   - Subspecialists
   - Other

5) What percentage of liver disease referrals sent to your institution are for presumed or known NAFLD?
   - 0
   - 50
   - 100
   - (Place a mark on the scale above)

6) In your institution, who follows patients with NAFLD for their liver disease?
   - Hepatologists
   - Gastroenterologists
   - Pediatricians
   - Family Doctors
   - Dietitians only
   - Other

7) How is the diagnosis of NAFLD established?
   - Liver biopsy
   - Ultrasound evidence of steatosis and negative work up for other liver diseases
   - CT or MRI evidence of steatosis and negative work up for other liver diseases
   - Other
### Monitoring

8) How frequently do you follow patients with NAFLD (i.e. what is the frequency with which you see them in clinic)?

- Once a year
- Every 6 months
- Every 3 months
- Monthly
- I don't follow them after the initial diagnosis of NAFLD
- Other

### When you see patients with NAFLD in clinic, how often do you screen (with your history and physical exam) for the following?

<table>
<thead>
<tr>
<th></th>
<th>Hypertension</th>
<th>Dyslipidemia</th>
<th>Central obesity (waist circumference)</th>
<th>Obstructive sleep apnea</th>
<th>Musculoskeletal complications</th>
<th>Psychosocial functioning</th>
<th>Risky behaviours (binge drinking, illicit drug use, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9)</td>
<td>Never</td>
<td>Infrequently</td>
<td>Frequently</td>
<td>Infrequently</td>
<td>Infrequently</td>
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<td>11)</td>
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<td>12)</td>
<td>Never</td>
<td>Infrequently</td>
<td>Frequently</td>
<td>Infrequently</td>
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<td>13)</td>
<td>Never</td>
<td>Infrequently</td>
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<td>14)</td>
<td>Never</td>
<td>Infrequently</td>
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<td>15)</td>
<td>Never</td>
<td>Infrequently</td>
<td>Frequently</td>
<td>Infrequently</td>
<td>Infrequently</td>
<td>Infrequently</td>
<td>Infrequently</td>
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</tbody>
</table>

### Bloodwork

<table>
<thead>
<tr>
<th></th>
<th>How often do you screen for elevated cholesterol</th>
<th>How often do you screen for elevated triglycerides</th>
<th>How often do you screen for glucose intolerance (random or fasting glucose level, HOMA-IR or HbA1c)</th>
<th>How often do you check alpha fetoprotein levels</th>
<th>How often do you check vitamin D levels</th>
<th>How often do you check vitamin B12 levels</th>
<th>How often do you check ferritin levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>16)</td>
<td>Never</td>
<td>Every 3 months</td>
<td>Every 6 months</td>
<td>Annually</td>
<td>Once</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>17)</td>
<td>Never</td>
<td>Every 3 months</td>
<td>Every 6 months</td>
<td>Annually</td>
<td>Once</td>
<td>Other</td>
<td></td>
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<tr>
<td>18)</td>
<td>Never</td>
<td>Every 3 months</td>
<td>Every 6 months</td>
<td>Annually</td>
<td>Once</td>
<td>Other</td>
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<td>19)</td>
<td>Never</td>
<td>Every 3 months</td>
<td>Every 6 months</td>
<td>Annually</td>
<td>Once</td>
<td>Other</td>
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<td>20)</td>
<td>Never</td>
<td>Every 3 months</td>
<td>Every 6 months</td>
<td>Annually</td>
<td>Once</td>
<td>Other</td>
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<tr>
<td>21)</td>
<td>Never</td>
<td>Every 3 months</td>
<td>Every 6 months</td>
<td>Annually</td>
<td>Once</td>
<td>Other</td>
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<td>22)</td>
<td>Never</td>
<td>Every 3 months</td>
<td>Every 6 months</td>
<td>Annually</td>
<td>Once</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Frequency Options</td>
<td>Response Options</td>
<td></td>
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<tr>
<td>23) How often are your patients also followed by a subspecialist for dyslipidemia?</td>
<td>Never</td>
<td>Infrequently</td>
<td>Frequently</td>
<td>Always</td>
<td>I do not know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24) How often are your patients also followed by a subspecialist for obstructive sleep apnea?</td>
<td></td>
<td></td>
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<td>25) How often are your patients also followed by a subspecialist for hypertension?</td>
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<td>26) How often are your patients also followed by a subspecialist for diabetes</td>
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<tr>
<td>27) How often are your patients also followed by a subspecialist for mood disorders</td>
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</tbody>
</table>

**Viral hepatitis screening**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>28) Do you screen your patients' HAV status</td>
<td>Yes</td>
</tr>
<tr>
<td>29) Do you screen your patients' HBV status</td>
<td></td>
</tr>
<tr>
<td>30) Do you recommend HAV and HBV vaccinations if not immunized</td>
<td></td>
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<tr>
<td>31) Do you recommend repeating the HBV vaccine series if found to have non-protective serology</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Frequency Options</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>32) How often do you repeat transaminases</td>
<td>Never</td>
<td>Every 3 months</td>
</tr>
<tr>
<td>33) How often do you repeat the INR</td>
<td></td>
<td></td>
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<tr>
<td>34) How often do you repeat albumin levels</td>
<td></td>
<td></td>
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<tr>
<td>35) How often do you monitor the platelets</td>
<td></td>
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<tr>
<td>36) How often do you use ultrasonography to monitor for the progression of steatosis?</td>
<td></td>
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<tr>
<td>37) How often do you use ultrasonography to monitor for complications of NAFLD, such as portal hypertension?</td>
<td></td>
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</tr>
<tr>
<td>38) Do you use transient elastography to assess fibrosis severity in your patients with NAFLD</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
39) If you do have access to transient elastography, how often do you repeat it?  
- Never  
- Every 3 months  
- Every 6 months  
- Annually  
- Other

40) Do you have access to MR elastography  
- Yes  
- No

41) If you do have access to MR elastography, do you use it clinically?  
- Yes  
- No

### Liver Biopsy

42) Do you think that liver biopsies are necessary for the diagnosis of NAFLD?  
- Yes  
- No

43) How many of your patients with NAFLD have you biopsied in the past 12 months?  
- None  
- < 25%  
- 25-50%  
- 51-75%  
- >75%

44) When do you consider obtaining a liver biopsy in a patient with presumed NAFLD (check all that apply)?  
- Never  
- To exclude other medical conditions (e.g. autoimmune hepatitis etc.)  
- When liver enzymes are above a certain threshold once  
- When liver enzymes are above a certain threshold for 2 consecutive blood draws  
- When there is splenomegaly  
- Before starting medications for the treatment of NAFLD  
- Before starting medications that have hepatotoxic potential  
- Always, to confirm the diagnosis of NAFLD  
- Other

45) Which of the following factors influence your decision to obtain liver biopsies in patients with NAFLD?  
- Risk of liver biopsies in general  
- Risk of complications in this group due to overweight/obesity  
- Concerns of the patient/family  
- Limited access to interventional radiologists  
- The result of liver biopsy does not alter the management of the patients  
- Cost  
- Other

### Treatment

46) The 2012 Clinical Practice Guidelines by AASLD, AGA and ACG were useful to my practice.  
- Agree  
- Somewhat agree  
- Neutral  
- Disagree  
- Strongly disagree

47) What percentage of your patients is followed in other weight management clinics, with or without a multidisciplinary component?  

(Place a mark on the scale above)
48) Is a registered dietitian involved in the care of your patients with NAFLD?
   - Yes
   - No

49) What is your first-line management approach for children with NAFLD?
   - Lifestyle modification (diet and exercise)
   - Diet alone
   - Exercise alone
   - Vitamin E
   - Probiotics
   - Fish oil
   - Other

50) Does your treatment approach differ if your patient has NASH as opposed to NAFL (i.e. ‘simple steatosis’)?
   - Yes
   - No
   (If you answered yes, please explain)

51) When you prescribe dietary changes, what do you tell patients and their families (check all that apply)?
   - Change diet to a healthier composition
   - Keep diet the same but decrease the portion sizes
   - Decrease or limit pop intake
   - Decrease or limit juice intake
   - Increase fruit intake
   - Increase vegetable intake
   - Stop ‘junk food’
   - Limit eating outside the home
   - Eat breakfast
   - Avoid eating outside the home
   - Other

52) When prescribing exercise, what do you ask your patients to do?
   - Aerobic exercise
   - Resistance exercise
   - Any type of exercise that increases their heart rate
   - I do not specify type of exercise

53) How long do you ask your patients to exercise per day (in minutes)?

54) When do you use vitamin E?
   - In all patients with NAFLD, irrespective of the presence of diabetes mellitus
   - In all patients with NAFLD without diabetes mellitus
   - In all patients with confirmed NASH, irrespective of the presence of diabetes mellitus
   - In all patients with NASH without diabetes
   - In patients who fail to improve with lifestyle changes
   - When parents/patients ask for medications
   - Never
   - Other

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**Compliance and Future Transitions**

55) How many patients ‘no show’ to their follow-up clinic appointments?
   - 0
   - 50
   - 100
   (Place a mark on the scale above)

56) What percentage of your patients stabilize their BMI?
   - Zero
   - < 25%
   - 25-50%
   - 51-75%
   - > 75%
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>57) What percentage of your patients improve their BMI?</td>
<td>Zero, &lt; 25%, 25-50%, 51-75%, &gt;75%</td>
</tr>
<tr>
<td>58) Do you have a formal program to transition your patients to adult practitioners?</td>
<td>Yes, No</td>
</tr>
</tbody>
</table>