**Supplement 1.** Details of patient scenarios used in survey. Each scenario’s stem began with the phrase, “A 70-year-old woman presents to your clinic for routine follow-up,” and ended with the statement, “She recently underwent a Dual Energy X-ray Absorptiometry (DEXA) scan, which revealed osteopenia.” Underlined text segments were underlined in the online survey.

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| **Scenario name** | **Description** |
| Minimal risk/GERD | She has a prior history of gastroesophageal reflux disease (GERD) (heartburn several times a week), now with no reflux symptoms on omeprazole 20 mg daily for many years. Her medical history is otherwise unremarkable. She takes no other medications. Recent laboratory studies and an upper endoscopy are unremarkable.  |
| Low GI bleed risk | She takes aspirin 81 mg daily for a history of coronary artery disease. She also takes omeprazole 20 mg daily to “protect her stomach.” She has no history of gastrointestinal problems. She takes no other medications and has no symptoms. |
| Moderate GI bleed risk | She has a history of coronary artery disease and atrial fibrillation for which she takes aspirin 81 mg daily and warfarin. She also takes omeprazole 20 mg daily to “protect her stomach.” She has no history of gastrointestinal problems. She takes no other medications and has no symptoms. |
| High GI bleed risk | She has a history of coronary artery disease for which she takes aspirin 81 mg daily. About 10 years ago, she underwent an endoscopy due to dyspepsia and was diagnosed with peptic ulcer disease caused by use of ibuprofen, which she no longer uses. She takes omeprazole 20 mg daily to “protect her stomach.” She currently has no symptoms. |