**Appendix 1:**

**DIY FMT Survey**

Thank you for taking the time to complete this short survey. You will be asked questions about do it yourself, home-based stool transplant. Your answers will remain anonymous and private. You will not receive any money or other rewards for doing this survey, but your answers will help us better understand reasons why people try home-based stool transplant.

Please read and choose one of the options below:

☐ I understand the information above and have not filled out this survey before. I agree to take the survey now.

☐ I do not agree to participate OR I have filled out this survey before.

1. Have you done stool transplant on yourself or another person like a friend or family member before?

☐ Yes

☐ No

2. Who did you do the stool transplant on?

☐ Self

☐ My Spouse

☐ My child

☐ Another Relative

☐ Friend

☐ Other, specify.

3. When did you first try stool transplant at home?

☐ less than 6 months ago

☐ between 6 months and 1 year ago

☐ between 1 year and 4 years ago

☐ more than 4 years ago

4. What factors influenced your decision to try stool transplant at home? Please check all that apply.

☐ I read about it in medical papers or articles

☐ I heard about it from the media

☐ I found out about it from internet support groups/community boards

☐ I heard about it from stories from other patients, family members or friends

☐ I thought it would be cheaper than other medical treatments

☐ My insurance provider does not cover stool transplant or only partially covers it

☐ My healthcare provider does not offer stool transplant

☐ Other treatments I tried have not worked

☐ Trying stool transplant in the privacy of my home was attractive

☐ I felt embarrassed about getting a stool transplant in a public clinic

☐ My doctor or other healthcare professional suggested it

5. What condition were you hoping to treat by doing home-based stool transplant?

☐ C difficile (“C diff”)

☐ Inflammatory bowel disease (if checked, please specify by selecting subtype:

         ☐ Crohn’s Disease

         ☐ Ulcerative colitis

         ☐ Other or unknown

☐ Irritable Bowel Syndrome

☐ Small Intestine Bacterial Overgrowth

☐ Food allergies, intolerance or non-digestive autoimmune disorders

☐ Autism

☐ Other (if checked, please specify)

6. Before doing stool transplant on yourself at home, did a doctor or other healthcare professional recommend it?

☐ Yes

☐ No

7. Would you feel comfortable talking about stool transplant with your healthcare provider?

☐ Yes

☐ No

8. Did a healthcare professional help you with things like donor identification or screening, or offer advice on protocol or procedures, etc?

☐ Yes

☐ No

9. Was the stool donor known to you?

☐ Yes

☐ No

10. How did you find or identify the donor?

☐ Through a friend

☐ Through a relative

☐ Through a healthcare provider

☐ My donor was a stranger found via support group or online community

☐ Other (if checked, please specify)

11. Did you screen the donor in any way?

☐ Yes (if checked, please specify how in question 10a below)

☐ No

\* Skip ahead to question 11 if you answered “No” to question 12, otherwise continue to question 11a.

11a. What kinds of tools did you use to screen your donor?

☐ Health questionnaire

☐ Lab tests (blood)

☐ Lab tests (stool)

☐ Interview

12. How did you figure out how to do the stool transplant?

☐ I read about it in books, medical articles

☐ I read about it on internet support groups/community boards/YouTube/other internet video site

☐ A healthcare provider gave me advice or instructions on how to do it

☐ A family member or friend gave me advice or instructions on how to do it

13. How did you do the stool transplant?

☐ Enema

☐ By mouth (for example: pills, naso-gastric tube, drinking it)

☐ Other (if checked, please specify)

14. How many stool transplants have you done on yourself (or the person you helped)?

☐ 1

☐ more than 1 but less than 5

☐ more than 5 but less than 10

☐ more than 10

15. Did you (or they) ever experience any side effects after doing home-based stool transplant? Check all that apply.

☐ Fevers

☐ Abdominal pain

☐ Gassiness, bloating

☐ Infections (for example urinary tract infections, pneumonia, etc)

☐ Hospitalizations

☐ Changes in mood, psychological, emotional

☐ New diagnoses (please specify):

16. Do you feel that stool transplant helped the condition you were treating?

☐ Yes

☐ No

17. Would you do home-based stool transplant again?

☐ Yes

☐ No

18. Would you prefer your stool transplant be done by a doctor/healthcare provider?

☐ Yes

☐ No

19. Would you prefer your stool transplant be done in a clinical setting or a health center instead of at home?

☐ Yes

☐ No

20. Would you recommend home-based stool transplant to others?

☐ Yes

☐ No

21. Where do you live?

United states (drop down menu of states)

Other countries (drop down menu)

22. What is your gender?

☐     Male

☐     Female

☐    Other

☐    Prefer not to say

23. What is your race?

White, black, etc.

24. Are you: Hispanic/non-Hispanic?

25. What is your age?

Drop down list of age ranges: (<18, 18-30, 31-40, 40-50, 50-60, 60-70, 70-80, 80-90, >90)