Appendix C: Questionnaire

Section 1: Questions in this section relate to emergency presentations of perianal sepsis in established or clinically suspected Crohn's disease. Please answer with what you would *most commonly* do.	
If you review a patient and you believe they have a perianal abscess related to Crohn's, would you start antibiotics:	Always Usually Frequently Occasionally Never
If yes, which antibiotic(s)?	Ciprofloxacin Metronidazole Augmentin Gentamicin Other (please specify)
Section 2: Questions in this section relate to presentations of perianal fistulae in established or clinically suspected Crohn's disease. Please answer with what you would *most commonly* do. This assumes no fulminant sepsis requiring immediate drainage.	
In your experience, how does a patient with perianal fistula related to Crohn's usually access treatment?	Via surgical clinic Via surgical on-call Via IBD nurse Via medical clinic Via medical on-call

	Via other gastroenterology service Via GP	
If you saw a patient with a symptomatic fistula, would you refer directly to a surgeon or would you obtain imaging first?	Usually obtain imaging first Usually refer direct to a surgeon	
If referring to a surgeon, do you refer to a named surgeon, or to the surgeon on-call?	Named surgeon On-call surgeon	
If you undertake imaging, which modality do you use?	MRI pelvis/perineum CT Endoanal Ultrasound Other (please specify)	
What is the minimum set of investigations you would perform for a known Crohn's patient with a new perianal fistula?	Rigid sigmoidoscopy Flexible sigmoidoscopy Colonoscopy Faecal Calprotectin MRI Pelvis Other (please specify)	
If the diagnosis of Crohn's is not yet established, but is suspected, which of the following investigations would you undertake?	Faecal calprotectin	Always Frequently Occasionally Never

	Colonoscopy	Always Frequently Occasionally Never
	Flexible sigmoidoscopy	Always Frequently Occasionally Never
	Video capsule endoscopy	Always Frequently Occasionally Never
	MRI Small Bowel	Always Frequently Occasionally Never
	Other (please specify)	
Section 3: Questions in this section are related to the postoperative management after sepsis control or first EUA. Please answer with what you would most *commonly* do.		
Does your unit have an IBD Multi-disciplinary meeting?	Yes No	

Are patients with fistulating Crohn's disease discussed in your IBD MDT?	Always Usually Sometimes Never N/A
In your practice, are immunosuppressant drugs used to treat fistula in ano associated with Crohn's?	Almost always Frequently Occasionally Never
In your practice, would you start with a single therapy or with multiple therapies?	Single therapy Antibiotics and thiopurine Antibiotics and anti-TNF Antibiotics, thiopurine and anti TNF Other combination (please specify)
If you use antibiotics in this setting, which do you tend to use?	Ciprofloxacin Metronidazole Augmentin Gentamicin Other (please specify)
How long do you use antibiotics for?	1 week 2 weeks 1 month 2 months

	>2 months
Generally speaking, what drug is your first-line immunosuppressant in the management of fistulating perianal Crohn's	Steroid therapy Aminosalicylates (sulfasalazine, mesalamine) Azathioprine Mercaptopurine Methotrexate Anti-TNF agent Other (please specify)
If you selected anti-TNF, which agent is your first choice for perianal Crohn's disease?	Infliximab Adalimumab
Does the type of fistula (simple/complex) affect your treatment decision?	Yes No
What interval between sepsis drainage and commencement of immunosuppressant/add-in anti-TNF therapy do you usually leave?	1-2 weeks 3-4 weeks 5-6 weeks 7-8 weeks 9 weeks +
Do you ask for evidence of sepsis resolution prior to immunosuppression?	Almost always Frequently Occasionally

	Never
If so, what evidence do you take into account (tick all that apply)?	Surgeon's report from EUA Patient Symptoms Repeat imaging Overall disease activity
When would you normally reassess symptoms after commencement of medical therapy?	1 month 3 months 6 months Other:_____
In the context of fistula that is not responding to therapy based on clinical assessment, for how long do you typically continue first-line immunosuppression before escalating therapy?	up to 3 months up to 6 months up to 12 months up to 24 months as per clinical symptoms other (please specify)
After a period of first-line immunosuppression with improvement in symptoms, do you typically stop therapy, continue therapy or 'step-down'?	Stop therapy Continue therapy Step down therapy
If you answered 'step down' therapy, please indicate what drug(s) you would	Steroid therapy Aminosalicylates (sulfasalazine,

typically move to.	mesalamine) Azathioprine Mercaptopurine Methotrexate Infliximab Adalimumab Other (please specify)
After a period of first-line immunosuppression without improvement in symptoms, what would you typically do next?	Change medical therapy Re-image Obtain further surgical opinion
If you would change medical therapy, what would you change it to?	Steroid therapy Aminosalicylates (sulfasalazine, mesalamine) Azathioprine Mercaptopurine Methotrexate Infliximab Adalimumab Other (please specify)
In a stable or improving patient, how would you monitor response?	Repeat imaging Clinical response

Do you use any strategies to optimise medical therapy (tick those which apply):	Assessment of thiopurine levels and optimisation of dose Assessment of anti-TNF levels and optimisation of dose Assessment of anti-TNF antibodies
What factors would make you consider referral to a surgeon for repeat EUA?	Length of time on anti-TNF or immunomodulators Loss of response to drugs Quality of life Other (please specify)
If proctitis is present, does this typically alter your management?	Yes No
What aspects of your care does it affect?	Surveillance – radiological/endoscopic Duration of immunosuppressant therapy Use of PR medications Choice of immunosuppressant therapy
Section 4: Definitive management aimed at fistula healing/control	
If your first line choice of immunosuppressant fails to resolve symptoms, what are your second and third line choices?	Second line: Third line:
In what situations would you seek an opinion on formation of a defunctioning	

stoma?	
In what situations would you seek an opinion on proctectomy?	