

## ELECTRONIC SUPPLEMENTARY MATERIAL

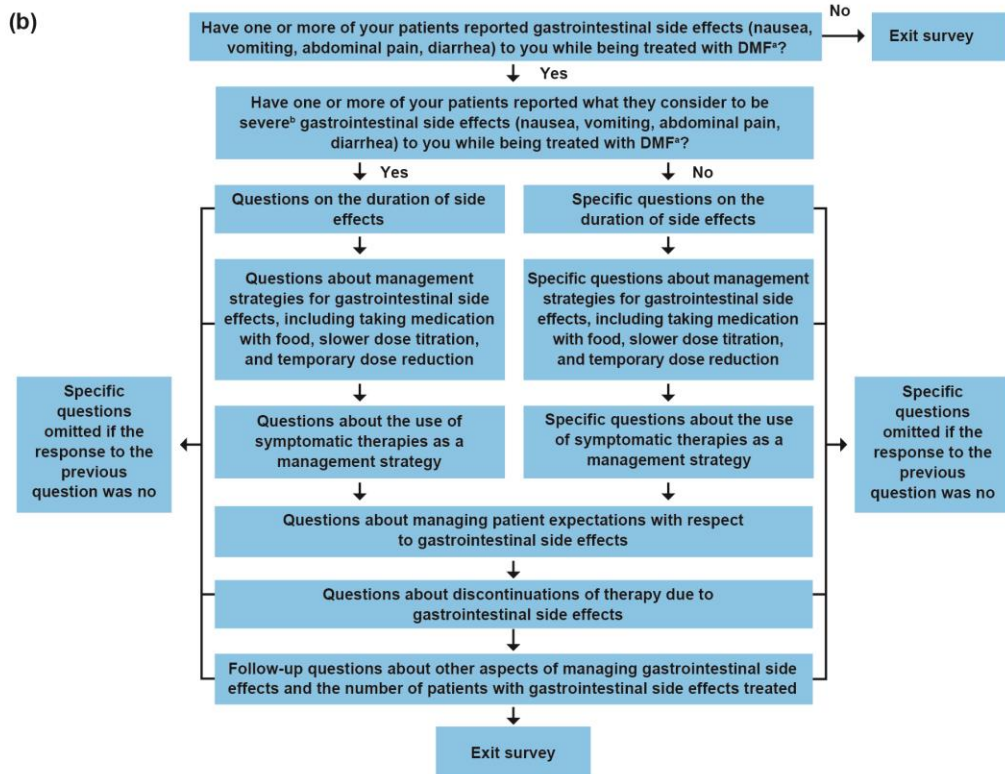
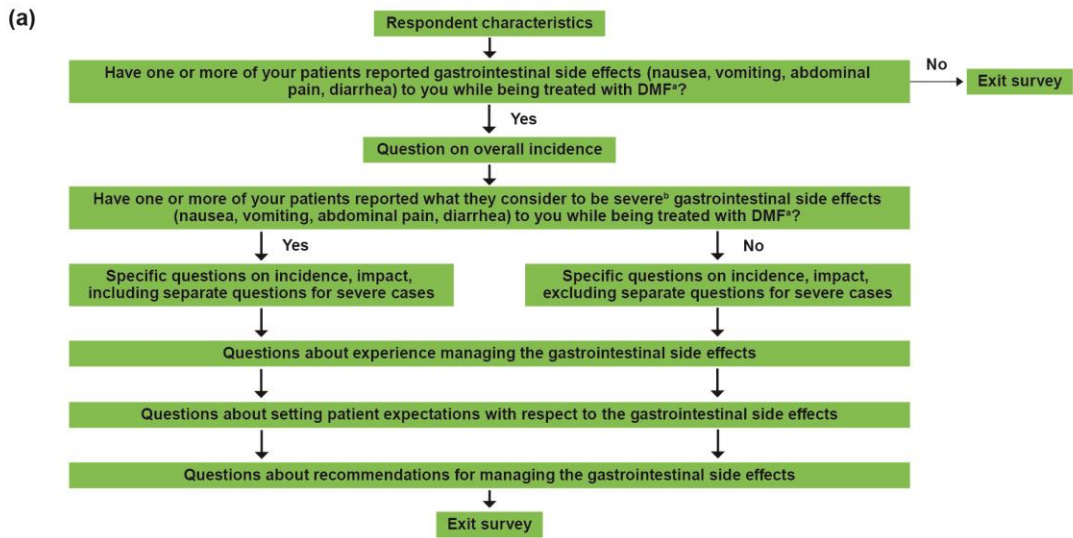
**Table S1. Clinician demographics.**

<b>Characteristic, <i>n</i> (%)</b>	<b>Respondents (<i>N</i> = 64)</b>
Country of practice	
United States	56 (87.5)
Canada	8 (12.5)
Role	
Physician	51 (79.7)
Nurse practitioner	9 (14.1)
Physician assistant	3 (4.7)
Nurse	1 (1.6)
Practice setting	
Free-standing private clinic	24 (37.5)
Academic hospital based	22 (34.4)
Community hospital based	14 (21.9)
Managed care clinic	1 (1.6)
Other	3 (4.7)
No. of patients with MS in practice	
Total from all practices <sup>a</sup>	79,570
Median (range) per practice <sup>a</sup>	1000 (45–5000)
Length of time treating patients with MS	
>10 years	46 (71.9)
>5 to ≤10 years	14 (21.9)
>1 to ≤5 years	4 (6.3)

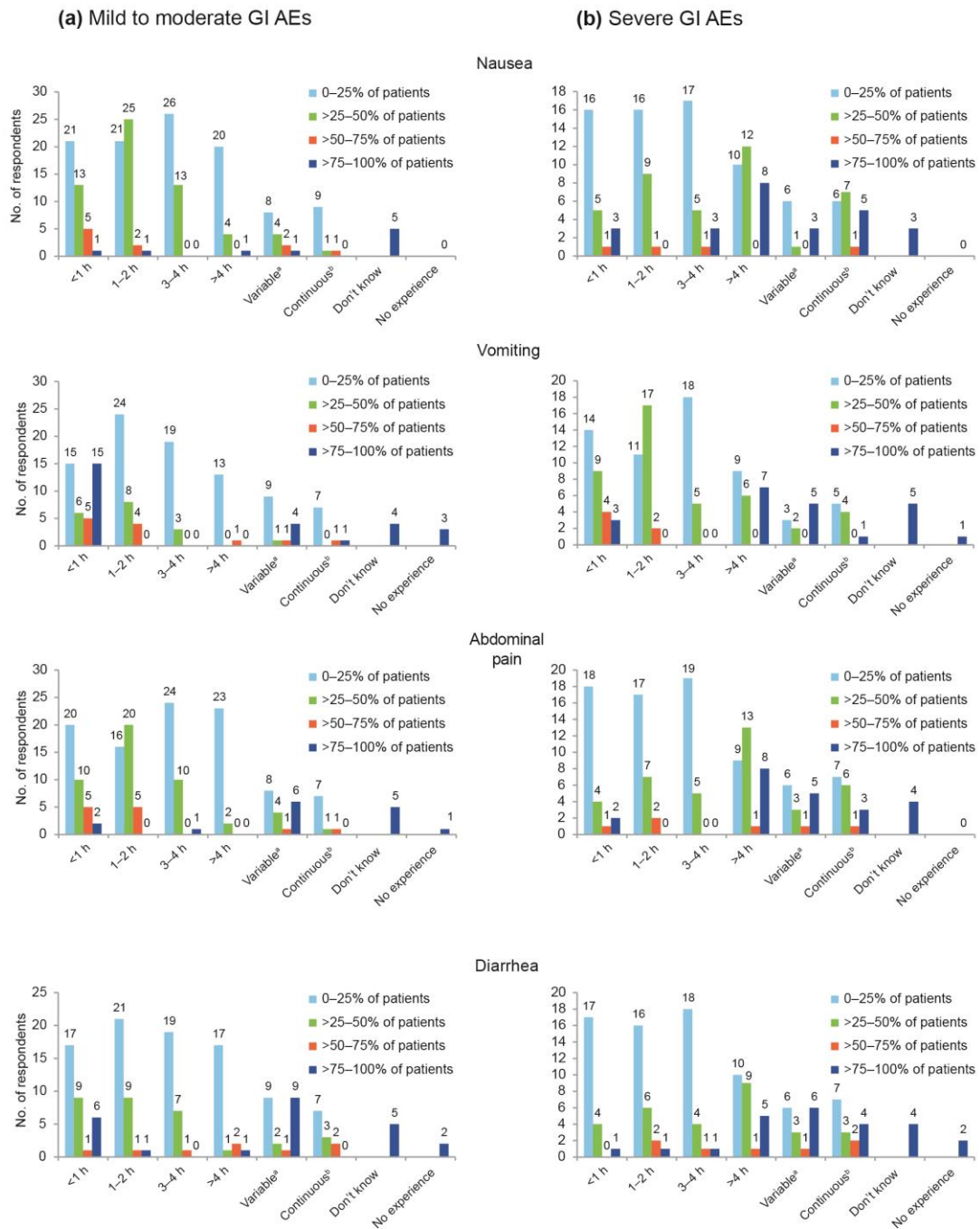
<sup>a</sup>In instances where respondents from the same practice entered different numbers, only the lower number was counted; where respondents entered an annual number, that number was used for the total.

*MS* Multiple sclerosis.

**Fig. S1 Structure of the (a) first and (b) second questionnaires.** <sup>a</sup>DMF, delayed-release dimethyl fumarate (also known as gastro-resistant DMF). <sup>b</sup>Severe symptoms defined as those causing severe discomfort and/or causing incapacitation or significant impact on the patient's daily life; severity may cause cessation of treatment; treatment for symptoms may be given and/or the patient may be hospitalized.



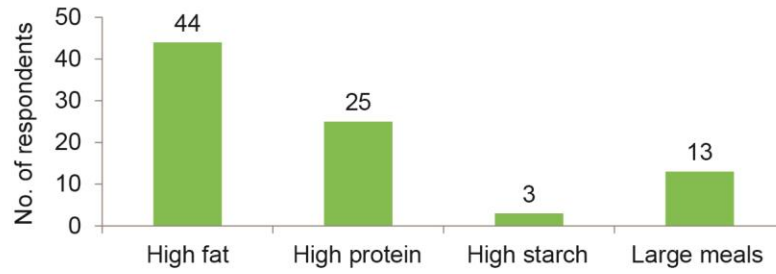
**Fig. S2 Duration of (a) mild to moderate and (b) severe gastrointestinal (GI) adverse events (AEs).** Note: for the options ‘Don’t know’ or ‘No experience,’ respondents could only answer 100% or not provide an entry. <sup>a</sup>Variable: timing unrelated to dose. <sup>b</sup>Continuous: AE persists to next dose.



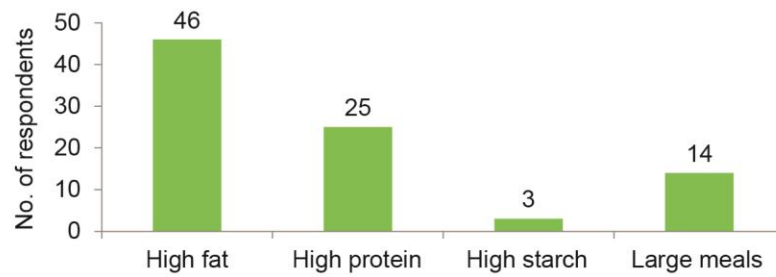
**Fig. S3 Specific food-based strategies of respondents when managing (a) all patients (typical and severe cases); (b) typical cases; and (c) severe cases when asked the question, “Which type of food(s) do you most frequently recommend as a management strategy in patients with mild to moderate GI side effects? (You may select >1).”**

<sup>a</sup>Question posed only to respondents with both typical patients and severe cases who reported food-based strategies as helpful ( $n = 51$ ). <sup>b</sup>Question posed to all respondents who reported food-based strategies as helpful ( $n = 55$ ). <sup>c</sup>Question posed only to respondents who recommend food-based strategies for severe cases ( $n = 52$ ). *AE* Adverse event, *GI* Gastrointestinal.

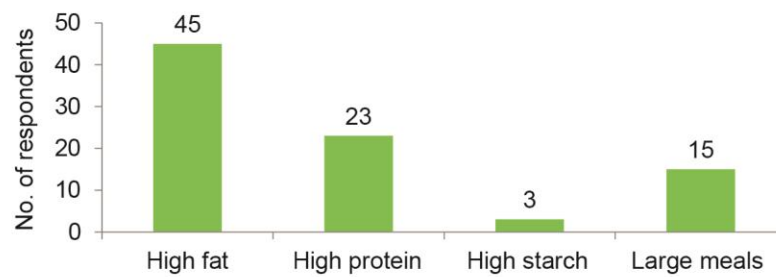
**(a) All patients with GI AEs<sup>a</sup>**



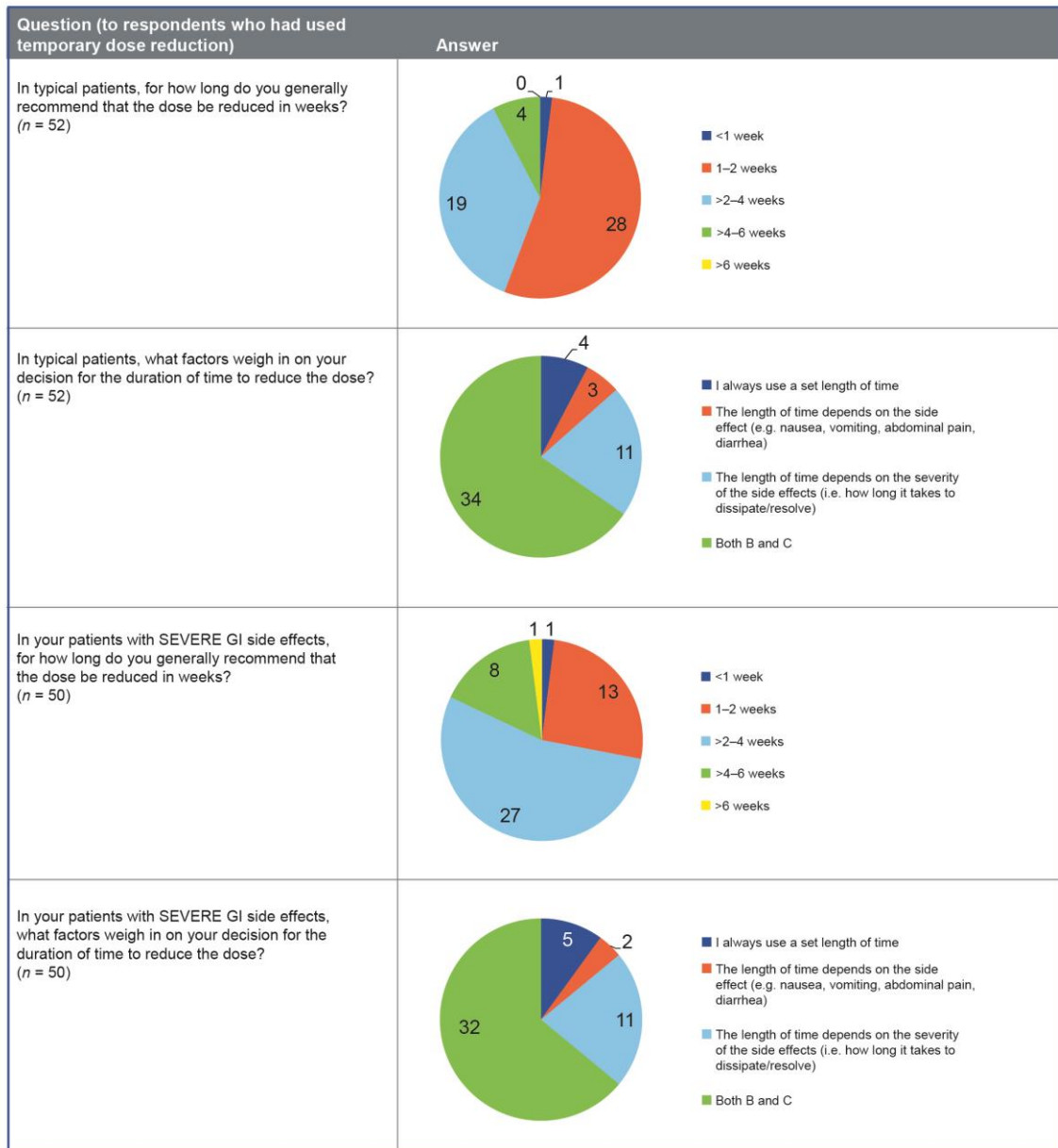
**(b) Typical cases<sup>b</sup>**



**(c) Severe cases<sup>c</sup>**



**Fig. S4 Recommended duration and factors involved with a temporary dosage reduction of delayed-release dimethyl fumarate in typical and severe cases. GI Gastrointestinal.**



**Fig. S5 Symptomatic therapies that failed to reach consensus regarding their use in the management of each gastrointestinal adverse event. Dashed line at 70% demarcates the threshold required for consensus.**

