

Supplemental Table S1: Examples of allowed and excluded foods on a Specific Carbohydrate Diet [10].

Dietary Component	Allowed	Excluded
<i>Protein</i>	Beef	All processed meats
	Poultry	All canned meats
	Fish and shellfish	
	Pork	
	Lamb	
	Eggs	
<i>Carbohydrates</i>	All monosaccharides including most commonly eaten fruits and non-tuber vegetables	All grains and processed sugars. All tubers, including potatoes, yams, and sweet potatoes
<i>Fats</i>	All	None
<i>Nuts/Seeds</i>	Most commonly eaten nuts	None
<i>Beans/Legumes</i>	Cannellini	Chickpeas
	Kidney Beans	Fava Beans
	Lima Beans	Soybeans
	Black Beans	Mung beans
	Split Peas	
	Lentils	

Supplemental Table S2: The Specific Carbohydrate Diet Questionnaire (online version).

How old was the child at time of SCD initiation? ¹
How long did you follow/have you been following an SCD? ¹
If you discontinued the SCD, please give the reason (too time consuming, too expensive, behavioral issues, etc.) ²
Was your child's dietary change recommended by a treating clinician such as a pediatrician, dietitian, or nutritionist? ³
Did you seek advice from a dietitian or nutritionist trained in SCD application prior to beginning this intervention? ³
Did your child follow an introductory diet for 48 hours when you began SCD? ³
Did your child follow a 'staged' approach to food introduction and menu planning while on SCD? ³
Was your child on an elimination diet of any kind prior to beginning SCD? ³
If yes, please mark which foods were eliminated? ⁴
Has your child also been diagnosed with an inflammatory bowel disease (ulcerative colitis, irritable bowel syndrome, etc.) ³
If yes, please specify ²
If yes, was this diagnosis confirmed by a pediatric gastroenterologist or GI specialist? ³
If yes, did the pediatric gastroenterologist or GI specialist conduct a full colonoscopy or endoscopy? ³
Was your child on any medications for digestive issues before starting SCD (anti-inflammatories, enzymes, heart burn medications, etc.)? ³
If yes, please specify ²
Is your child currently on any OTHER medications? (This includes supplements) ³
If yes, please specify ²
Does your child have any food allergies? ³
If yes, please specify ²
Before beginning SCD, did your child show any behaviors associated with GI pain (posturing, self-injurious behaviors, etc.)? ⁵
After implementing SCD, did your child show any behaviors associated with GI pain (posturing, self-injurious behavior, etc.)? ⁵
Did your child have any irritability due to digestive issues before starting SCD? ⁵
While on SCD did your child have irritability? ⁵
Before implementing SCD, did your child have any anxiety? ⁵
While on SCD, did your child have anxiety? ⁵
Did your child sleep well while on SCD? Please check all that apply ⁶
Did your child suffer from Acid Reflux/GERD before beginning SCD? ⁵
Did your child suffer from Acid Reflux/GERD after implementing SCD? ³
Did your child experience gagging before beginning SCD? ³
Did your child experience gagging after implementing SCD? ³
Did your child experience vomiting before beginning SCD? ³
Did your child experience vomiting after implementing SCD? ³
Did your child have any abdominal pain before beginning SCD? ³
Did your child have any abdominal pain after implementing SCD? ³
Before beginning, the SCD please indicate how your child's stool looked (on average) according to the Bristol stool chart ⁷
After implementing SCD, please indicate how your child's stool looked (on average) according to the Bristol stool chart ⁷
Did your child have any constipation before beginning SCD? ⁵
Did your child have any constipation after implementing SCD? ⁵
Did your child have any diarrhea before beginning SCD? ⁵
Did your child have any diarrhea after implementing SCD? ⁵
Was your child toilet trained for bowel movements before SCD implementation? ³
Did your child become toilet trained while on SCD? ³
Did your child experience any hoarseness/sore throat before beginning SCD? ³
Did your child experience any hoarseness/sore throat after implementing SCD? ⁵
Approximately how many hours of meal preparation did you do per week before implementing SCD? ⁸

Approximately how many hours of meal preparation did you/your child do after implementing SCD? ⁸
While on SCD what is an estimate of time you/your child was able to comply? (Please enter percentage) ²
Since beginning SCD, have you noticed any differences in your child's language? ³
If yes, to what extent has your child's language improved? ⁹
Prior to SCD what was your child's level of language? ¹⁰
Was your child able to indicate pain on a pain scale before starting the SCD intervention? ³
If yes, what was their level of pain (on a scale of 0 to 10)? ²
If yes, did that level of pain increase or decrease after implementing SCD? ¹¹
Before beginning SCD, did your child eat fewer than 15 foods? ³
After using SCD intervention, did your child eat fewer than 15 foods? ³
Before beginning the SCD, did your child exclude any food groups entirely (fruits, vegetables, starches etc)? ³
If yes, please specify which ones ²
Before beginning the SCD intervention, was your child on any type of eating schedule or routine? ³
Did you establish an eating schedule for your child while they were on SCD? ³
While on the SCD, did your child usually eat without distractions (TV on, tablets, etc.)? ³
Were you able to incorporate the meals that your child ate into family meal times? ¹²
Has your child participated in any feeding therapy by licensed professionals such as PT, OT, ABA? ³
If yes, at what point in the SCD implementation did it occur? (please check all that apply) ¹³
Has your child ever been in an inpatient feeding clinic? ³
Before beginning the SCD intervention was your child at a normal weight for their gender and age group? ¹²
If known, what was the growth percentile? ²
If not at normal weight before SCD, did our child's weight increase or decrease after implementing the SCD intervention? ¹¹

¹ Answer choices were recorded in years and months.

² Answer choices were recorded as 'fill in the blank'.

³ Answer choices were recorded as 'yes' or 'no'.

⁴ Answer choices were check all that apply: gluten, dairy, soy, egg, corn, all grains, peanuts, tree nuts, fish, shell fish, phenols, salicylates, and oxalates.

⁵ Answer choices were recorded as 'none,' 'mild,' 'moderate,' or 'severe.'

⁶ Answer choices were check all that apply: fell asleep at a normal time, went to bed but didn't sleep until later, woke up frequently or would not sleep during the night, and woke up some during the night.

⁷ Answer choices were recorded as 'Type 1,' 'Type 2,' 'Type 3,' 'Type 4,' 'Type 5,' 'Type 6,' or 'Type 7' from the Bristol Stool Chart.

⁸ Answer choices were recorded as '0-3 hours,' '3-6 hours,' '6-9 hours,' '9-12 hours,' or 'more than 12 hours.'

⁹ Answer choices were recorded as 'improved a little,' 'improved moderately,' or 'improved a lot.'

¹⁰ Answer choices were recorded as 'nonverbal,' 'emerging language,' or 'speaks in sentences.'

¹¹ Answer choices were recorded as 'increase,' 'decrease,' or 'no change.'

¹² Answer choices were recorded as 'yes,' 'no,' or 'n/a.'

¹³ Answer choices were checks all that apply: before SCD, during SCD, and after SCD.