Supplementary data: Metabolic evaluation guidelines in patients with nephrolithiasis: Are they being followed? Results of a national, multi-institutional quality assessment study

Sabrina S. Harmouch, MD¹; Hiba Abou-Haidar, MD¹; Hassan ElHawary, MD²; Thomas Grgic, MD³; Andrea G. Lantz, MD⁴; Jason Y. Lee, MD⁵; Ben H. Chew, MD³; Sero Andonian, MD²; Naeem Bhojani, MD¹

¹Division of Urology, University of Montreal Health Centre, Montreal, QC; ²Division of Urology, McGill University, Montreal, QC; ³Department of Urologic Sciences, University of British Columbia, Vancouver, BC; ⁴Department of Urology, Dalhousie University, Halifax, NS; ⁵Division of Urology, University of Toronto, Toronto, ON; Canada

Appendix 1. Metabolic screening questionnaire Age: Sex:	
Please tick the following boxes if they were You had multiple stones in either one or	e applicable to you during your last <u>kidney stone related</u> urology appointment: r both kidneys
If so, which type of stone?	kidney stones were non-calcium (for example: Uric Acid or cystine stones)
☐ You had a known family history of stone If so, which family member? 	
☐ You had either a single kidney or chroni☐ You had a kidney that did not function a☐ You had a kidney stone while pregnant	
☐ You had/have a systemic disease such a☐ Prior to your last appointment, you had	as gout, irritable bowel disease, inflammatory bowel disease or distal renal tubular acidosis part of your intestine removed or had bariatric surgery
 ☐ You were one of the following occupation: If so, which occupation? 	ons: airline pilot, sailor, military personnel, fireman or policeman
2. Has the cause of your kidney stone format urologist? Yes □ No □ • If so, what is the cause:	cion (for example: dietary or genetic component) been identified and explained to you by your
3. Would you be interested in knowing more	about your stone disease? Yes □ No □
4. Would you be interested in following a die Yes □ No □	et or taking medications to prevent future stone events?
5. Have you ever had a <i>metabolic work up</i> w lab? (This is different from a one-time urin	here you collected your urine over a period of at least 24 hours and then had it analyzed in a e collection) Yes \square No \square
If you responded "yes" to question #5 please	e continue the survey, otherwise thank you for time!
6. Who recommended the metabolic work up	the 24-hour urine collection)?
□ Urologist	
☐ Nephrologist ☐ Family Doctor	
☐ Other	
7. When was this metabolic work up (24-hou	r urine collection) done?
☐ Within the last year	
☐ Between 1–5 years ago	
☐ Between 5–10 years ago ☐ More than 10 years ago	
8. Did your doctor explain the results of the s	study to you? Yes □ No □
If you picked "yes" did you understant	• •