Page 2 of 3 **APPENDIX**

How many years ago did you begin your practice?	
Which best describes your practice type?	 Solo Practice Urology Group Multi-specialty Group Full-time Academic Full-time Managed Care Hospital VA/Military Other (please spcify)
Other practice type:	
In what setting do you practice? (please select answer that best applies)	 Large academic hospital Large private hospital Mid-size community practice Rural community
In what AUA section do you practice?	 Mid-Atlantic New England New York North Central Northeastern South Central Southeastern Western
Please estimate the total number of PCNL cases you logged during training where you obtained your own access:	○ 0-5 ○ 6-10 ○ 11-20 ○ 21-50 ○ >50
Did you complete a fellowship?	○ Yes ○ No
Was your fellowship in endourology?	○ Yes ○ No
Do you currently perform PCNLs?	○ Yes ○ No
How many PCNLs do you perform per year?	○ 0-5 ○ 6-10 ○ 11-20 ○ 21-50 ○ >50
Why do you not currently perform PCNLs?	 I do not treat kidney stones Hospital limitations (equipment or IR not available) I prefer to refer these patients to a specialist Concern for complications I do not feel comfortable performing this procedure

10/16/2018 1:47pm projectredcap.org



When you first started practicing, did you obtain your own PCNL access?	○ Yes○ No
Do you currently obtain your own PCNL access?	○ Yes ○ No
What percentage of cases do/did you obtain your own access for?	
How do/did you obtain your own access?	 ○ Ultrasound-guided ○ Fluoroscopic-guided ○ Combination of ultrasound and fluoroscopic ○ Retrograde ureteroscopy/endoguided ○ Other (please specify)
Other method of obtaining access:	
What is your primary motivating factor for obtaining your own access (select one)?	○ I prefer to control my own access point○ Cost savings○ Patient convenience○ IR is not available
What is your primary motivating factor for not obtaining your own access (select one)?	 My patients often already have a Nephrostomy tube in place It is more convenient to have IR place NT I do not feel comfortable obtaining access Institutional pressure / loss of RVUs I think access takes too long I have limited OR time Limit my fluoroscopic radiation exposure Concern for complications while obtaining access
What was your primary motivating factor for starting to obtain your own access? (select one)?	 ○ I prefer to control my own access point ○ Cost savings ○ Patient convenience ○ IR is not available ○ Negative experience with IR-obtained access ○ Organizational pressure ○ Wanted to develop my practice before starting to obtain my own access

Please share any additional comments you would like to make:



10/16/2018 1:47pm