**Table A1:**

Survey questions sent to providers treating patients with SB in adult and/or pediatric clinics

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| **Questions** | **Answer Choices** |
| **Please identify your fellowship training (you may select more than one)** | Pediatric Urology  FPMRS  GURS  Other  None |
| **Do you treat adults with spina bifida (SB)?** | Yes  No |
| **Please check the types of clinical services in which you participate (you may select more than one)** | Adult multidisciplinary SB clinic  Combined adult-pediatric multidisciplinary SB clinic  Pediatric multidisciplinary SB clinic  Treat adults in my regular clinic (not as a part of a multidisciplinary team)  I do not treat adults with SB |
| **Please indicate how many SB patients over the age of 18 you treat on an annual** | 0 -10  11-50  51-100  101-150  151-200  > 201 |
| **If you have an adult or combined pediatric-adult multidisciplinary SB clinic, please check the types of providers who participate in addition to urology** | Occupational Therapy  Physical Therapy  Social Work  Orthotics  Orthopedics  Neurosurgery  Physiatry  Internal medicine/Family Practice  Pediatrics  Med/Peds  OB/GYN  Nephrology  Pulmonary  Wound Care  Other (write in) |
| **Please indicate what you believe is the “minimum set” of providers ideal for an adult SB clinic (check all that apply)** | Occupational Therapy  Physical Therapy  Social Work  Orthotics  Orthopedics  Neurosurgery  Physiatry  Internal medicine/Family Practice  Pediatrics  Med/Peds  OB/GYN  Nephrology  Pulmonary  Wound Care  Other (write in) |
| **If you participate in a pediatric SB clinic, please indicate the reason why you do not have a dedicated adult SB clinic** | I do not believe it is necessary  Not enough patients to justify  Not enough administrative support from my department/hospital  Cannot identify adult providers to staff the clinic  Do not have the resources to organize and execute  I do not feel I have the skillset |
| **How frequently do you see adult patients with SB (who are not experiencing an acute issue)?** | Q6 months  Q12 months  Q18 months  Q24 months  Whenever I can get them to come to clinic  I leave it up to their primary care doctor |
| **How frequently do you believe adult patients with SB should have urodynamic testing (for those not experiencing acute issues)?** | Q6 months  Q12 months  Q18 months  Q24 months  I’m not sure  Only if they experience a change in their condition or upper tract testing/blood work |
| **How frequently do you believe adult patients with SB should have serum Cr checked (for those not experiencing acute issues)?** | Q6 months  Q12 months  Q18 months  Q24 months  I’m not sure |
| **How frequently do you believe adult patients with SB should have cystoscopy (for those not experiencing acute issues)?** | Q6 months  Q12 months  Q18 months  Q24 months  I’m not sure  Only if they experience a change in their condition or upper tract testing/bloodwork  Depends if they have bowel in contact with their urinary system |
| **Would you be willing to participate in a consortium of institutions who collect and report data on adults with SB collectively?** | Yes  No  Maybe |
| **Recognizing variability based on patient development, please tell us the age you believe is optimal for transition from pediatric to adult care in SB?** | 14 years  16 years  18 years  21 years  >21 years  Inciting event (sexually active, pregnancy, other) |
| **What is your primary screening upper tract imaging modality (you may select more than one if you typically order multiple)?** | Renal Ultrasound  NM Renal Scan  CT Scan  Cystogram  Other |
| **Of the following please select which is your preferred baseline/periodic method of estimating GFR in adults with SB?** | Serum Cr, MDRD  Cystatin C  Iothalmate (or similar) renal scan  Mag 3 renal scan  24 hr urine collection  Other |