**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 UrologyFPMRSGURSOtherNone |
| **Do you treat adults with spina bifida (SB)?** | YesNo |
| **Please check the types of clinical services in which you participate (you may select more than one)** | Adult multidisciplinary SB clinicCombined adult-pediatric multidisciplinary SB clinic Pediatric multidisciplinary SB clinicTreat 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 11-5051-100101-150151-200> 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 TherapyPhysical TherapySocial WorkOrthoticsOrthopedicsNeurosurgeryPhysiatryInternal medicine/Family PracticePediatricsMed/PedsOB/GYNNephrologyPulmonaryWound CareOther (write in) |
| **Please indicate what you believe is the “minimum set” of providers ideal for an adult SB clinic (check all that apply)**  | Occupational TherapyPhysical TherapySocial WorkOrthoticsOrthopedicsNeurosurgeryPhysiatryInternal medicine/Family PracticePediatricsMed/PedsOB/GYNNephrologyPulmonaryWound CareOther (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 necessaryNot enough patients to justifyNot enough administrative support from my department/hospitalCannot identify adult providers to staff the clinicDo 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 monthsQ12 monthsQ18 monthsQ24 monthsWhenever I can get them to come to clinicI 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 monthsQ12 monthsQ18 monthsQ24 months I’m not sureOnly 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 monthsQ12 monthsQ18 monthsQ24 months I’m not sure |
| **How frequently do you believe adult patients with SB should have cystoscopy (for those not experiencing acute issues)?**  | Q6 monthsQ12 monthsQ18 monthsQ24 months I’m not sureOnly if they experience a change in their condition or upper tract testing/bloodworkDepends 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?**  | YesNoMaybe |
| **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 years16 years18 years 21 years>21 yearsInciting 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 UltrasoundNM Renal ScanCT ScanCystogram Other |
| **Of the following please select which is your preferred baseline/periodic method of estimating GFR in adults with SB?**  | Serum Cr, MDRDCystatin CIothalmate (or similar) renal scan Mag 3 renal scan 24 hr urine collectionOther |