KIDNEY STONE QUESTIONNAIRE

Name___________________________  Date of birth_________________  Date________________

How many times have you passed stones on your own?___  What year? _______  _______  _______

Have you had surgery for stones?  Shock wave?  What year? _______  _______  _______  _______

Camera and laser(ureteroscopy)?  What year? _______  _______  _______  _______

Stent?  What year? _______  _______  _______  _______

Who in your family has kidney stones?(e.g. mother, brother, son) ______  ______  ______

Do you have (circle all that apply):

- Extra belly weight
- Hyperthyroidism
- Weight loss surgery
- Diabetes
- Sarcoidosis
- Unusual kidney shape or location (e.g. horseshoe kidney, history kidney blockage, pelvic kidney)
- Recurrent urinary tract infections
- Crohn’s disease
- Ulcerative colitis
- Intestine removed
- Pancreatitis
- Celiac disease
- Gout
- Topiramate (Topamax)
- Zonisamide (Zonegran)
- Triamterene (Maxide, Dyazide, Dyrenium)
- Calcium supplements
- Probenecid (Probalan) for gout
- Lipase inhibitors for weight loss (orlistat or Alli, Xenical)
- Vitamin D
- Chemotherapy
- Protease inhibitors for HIV (indinavir or Crixivan, atazanavir or Reyataz)

Do you take (circle all that apply):

- Calcium supplements
- Probenecid (Probalan) for gout
- Vitamin C
- Lipase inhibitors for weight loss (orlistat or Alli, Xenical)
- Vitamin D
- Chemotherapy
- Topiramate (Topamax)
- Protease inhibitors for HIV (indinavir or Crixivan, atazanavir or Reyataz)
- Zonisamide (Zonegran)
- Triamterene (Maxide, Dyazide, Dyrenium)
- Calcium supplements
- Probenecid (Probalan) for gout

Does your diet include (circle all that apply):

- Low fluids
- Lots of salt/sodium
- Low fruit and vegetable intake
- Too much or too little calcium
- Lots of meat or protein from animal sources