

THE UROLOGY GROUP

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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	
Gout	Ulcerative colitis	
Intestine removed	Pancreatitis	
	Celiac disease	

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)	

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	