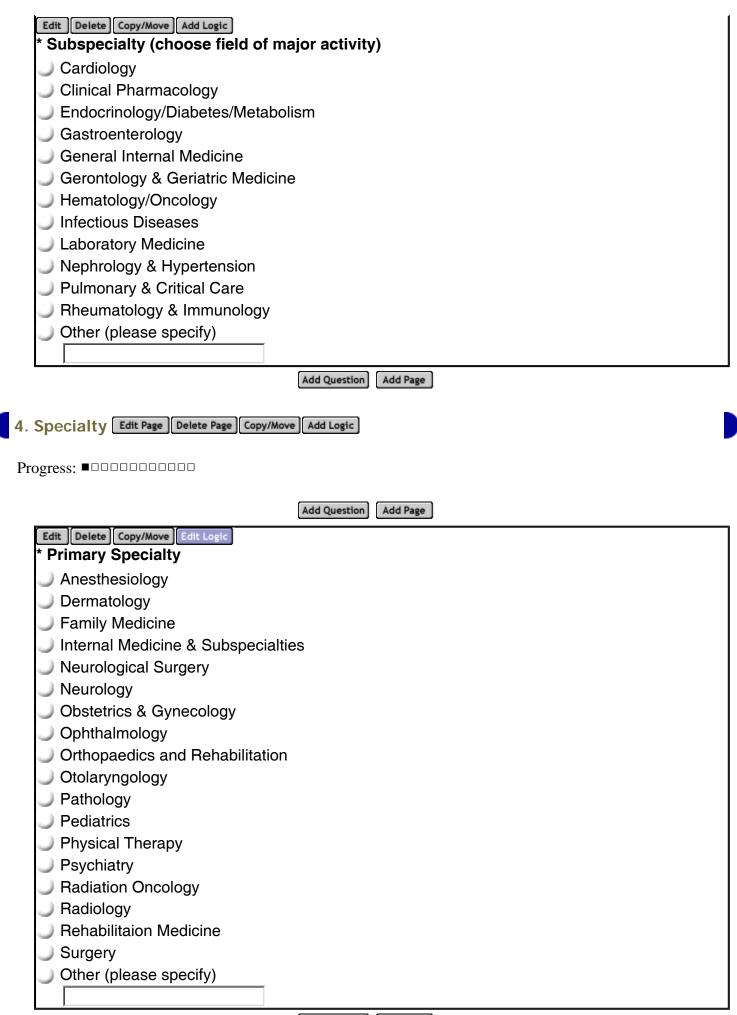
SurveyMonkey.com	Privacy	Contact Us O Logout
because knowledge is everything next year?		
Home New Survey My Surveys List Management My Acc	ount	Help Center
Home New Survey my Surveys List Management my Acc		Tuesday, May 16, 2006
Design Survey Show All Pages and Questions		<< Back Preview
To change the look of your survey, select a choice		
below. Click 'Add' to create your own custom theme. Theme: Nephrology Add Edit Delete		
r		N
Division of Nephrology - Chronic Kidney	Disease Survey Edit Title Edit Nu	mbering Edit Logo
1. Begin the survey. Edit Page Delete Page Copy/Move	Add Logic	
Add Question	Add Page	
Edit Delete Copy/Move This survey is designed to detect practice p	atterns; it does not seek right or	wrong
answers. Please answer all questions accor practice.	ding to what you do in your even	ryday clinical
All answers are recorded in an anonymous	fashion.	
Please click on "next" to start the survey.		
Add Question	Add Page	
2. page 2 Edit Page Delete Page Copy/Move Edit Logic		
2. page 2 Edit Page Delete Page Copy/Move Edit Logic		
Progress: ■□□□□□□□□□□		
Add Question	Add Page	
Edit Delete Copy/Move Add Logic	,	
* Professional Title		
Medical Student Physician		
Nurse Practitioner		
Physician Assistant		
Other (please specify)		
Add Question	Add Page	
3. Subspecialty Edit Page Delete Page Copy/Move Edit Lo	pgic	
Progress: ■□□□□□□□□□□□		
Add Question	Add Page	



5. Practice type Edit Page Delete Page Copy/Move Add Logic

Progress:

Add Question Add Page Edit Delete Copy/Move Add Logic **Practice type** Not seeing patients Academic Non-academic solo practice Non-academic single-specialty group practice Non-academic multi-specialty group practice Add Question Add Page Edit Delete Copy/Move Add Logic ZIP code of primary practice site (choose only one): 99999 - no practice 33136 - JMH, VAMC, UMHC/Sylvester Other (please specify) Add Question Add Page 6. Survey Edit Page Delete Page Copy/Move Add Logic Progress: Add Question Add Page Edit Delete Copy/Move Add Logic How many patients do you see per week? Use an average if you are not seeing patients every week. less than 15 15-25 26-50 51-100 101-150 more than 150 Add Page Add Question

1	
	Edit Delete Copy/Move Add Logic
	* How many patients in your practice have any degree of kidney failure?
	Include patients with normal creatinine clearance and evidence of kidney damage such as microalbuminuria, proteinuria, or hematuria.
	none
	J 1-10%
	J 11-30%
	J 31-50%

J >70%				
Ac	dd Question Add	i Page		
Survey2 Edit Page Delete Page Copy/Move Ad	ld Logic			
ogress:				
-	dd Owenhien 🛛 🗘 dd	(Press		
Edit Delete Copy/Move Add Logic	dd Question Add	i Page		
* In your opinion, what is the best m	easure of ki	dney functio	on?	
Choose only one answer.				
24-hour urine collection for creatinir Renogram with lasix	ne clearance			
Renal ultrasound				
24-hour urine collection for urea cle	arance			
J BUN				
Estimated glomerular filtration rate (Communication)	(GFR) using	a mathemation	cal formula	
Serum creatinine				
A	dd Question Add	d Page		
Edit Delete Copy/Move * In your opinion, how do the followi		i Page		
I in your opinion, now do the followi	na factore i	nfluence the	rick for develop	ing chronic
kidney disease?	ng factors i	nfluence the	risk for develop	ing chronic
	ng factors i No influence	Minimally	Highly	oing chronic
	No		-	oing chronic
kidney disease?	No	Minimally	Highly	oing chronic
kidney disease? Cigarette smoking	No	Minimally	Highly	oing chronic
kidney disease? Cigarette smoking Recurrent urinary tract infections	No	Minimally	Highly	oing chronic
kidney disease? Cigarette smoking Recurrent urinary tract infections Age above 65 years	No	Minimally	Highly	oing chronic
kidney disease? Cigarette smoking Recurrent urinary tract infections Age above 65 years Kidney stones	No	Minimally	Highly	oing chronic
kidney disease? Cigarette smoking Recurrent urinary tract infections Age above 65 years Kidney stones Lower urinary tract obstruction	No	Minimally	Highly	oing chronic
kidney disease? Cigarette smoking Recurrent urinary tract infections Age above 65 years Kidney stones Lower urinary tract obstruction Recovery from acute renal failure	No	Minimally	Highly	oing chronic
kidney disease? Cigarette smoking Recurrent urinary tract infections Age above 65 years Kidney stones Lower urinary tract obstruction Recovery from acute renal failure Chronic heart failure	No	Minimally	Highly	ing chronic
kidney disease? Cigarette smoking Recurrent urinary tract infections Age above 65 years Kidney stones Lower urinary tract obstruction Recovery from acute renal failure Chronic heart failure Body mass index between 18 and 22	No	Minimally	Highly	ing chronic
kidney disease? Cigarette smoking Recurrent urinary tract infections Age above 65 years Kidney stones Lower urinary tract obstruction Recovery from acute renal failure Chronic heart failure Body mass index between 18 and 22 African American race	No	Minimally	Highly	ing chronic

Hypertension				
Diabetes	0	0	0	
	Add Question	Add Page		
9. Survey4 Edit Page Delete Page Co	py/Move Add Logic			
Progress:				
	Add Question	Add Page		
Edit Delete Copy/Move Add Logic * What is your blood pressu	re goal for a natie	ont with a creati	nine clearanc	e of 40 ml/min?
\sim less than 140/90	le goal for a parte			
less than 130/90				
Jess than 130/80				
less than 125/75				
less than 120/70				
🤳 l don't know				
	Add Question	Add Page		
10. Survey4b Edit Page Delete Page	Copy/Move Add Logic			
_				
Progress:				
	Add Question	Add Page		
Edit Delete Copy/Move Add Logic				
* In a patient with mild to mo				
consider first-line antihyper	tensive agents to	slow the progr	ession of kidn	ey disease?
Check all that apply. Alpha blockers				
Non-dihidropyridine calciur	n channel blocker			
Angiotensin receptor block		2		
Angiotensin converting enz				
Thiazide diuretics				
Loop diuretics				
Dihidropyridine calcium ch	annel blockers			
Beta blockers				
Other (please specify)				
	Add Question	Add Page		
11. Survey6 Edit Page Delete Page	Copy/Move Add Logic			
Progress:				
	Add Question	Add Page		

Edit Delete Copy/Move Add Logic * Your see a 55-year old African American woman with type 2 diabetes and hypertension Her medications are insulin and a thiazide diuretic. Her blood pressure is well controlled and she has no complaints. Her serum creatinine has increased to 2 mg/dl over the pas two years.	d,
Which of the following laboratory tests would you order in a patient like this?	
Lipid panel	
Random (spot) urine sample for microalbumin	
Random (spot) urine sample for creatinine	
CBC	
Liver function panel	
Serum calcium	
Urine analysis	
Serum phosphate	
Intact PTH	
Glycohemoglobin (HbA1c)	
Serum albumin	
Random (spot) urine sample for electrolytes	
24-hour urine collection for protein	
24-hour urine collection for creatinine	
Add Question Add Page	
12. Survey5 Edit Page Delete Page Copy/Move Add Logic	
12. Sulveys Lucrage Delete rage Copyrmore Add Logic	
Progress:	
Add Question Add Page	
Edit Delete Copy/Move Add Logic	
* Which of the following conditions may be a consequence of chronic kidney disease?	
Check all that apply.	
Metabolic acidosis	
Respiratory acidosis	
Secondary hyperparathyroidism	
Worsening hypertension	
Worsening hypertension Increased serum potassium	
Worsening hypertension Increased serum potassium Dyslipidemia	
Worsening hypertension Increased serum potassium Dyslipidemia Malnutrition	
Worsening hypertension Increased serum potassium Dyslipidemia	

Obesity

Add Question Add Page

	Add Questi	Add Page			
Edit Delete Copy/Move			_		
* At what level of creatinine clea	•	-		ate) do you	currently
screen your patient for each of		•		halow 15	l de net
	below 90 ml/min	below 60 ml/min	below 30 ml/min	below 15 ml/min	l do not screen
Metabolic acidosis	0			0	
Anemia	0	0	0	0	0
Malnutrition					
Secondary hyperparathyroidism	5	5	5	5	0
	Add Questi	Add Page			
					_
14. Survey 6b Edit Page Delete Page Co	py/Move Add Lo	ogic			
					-
Progress:					
	Add Questi	on Add Page			
Edit Delete Copy/Move Add Logic					
* At what hemoglobin concentr	ation woul	d you inter	vene (start	treatment	or request a
consult) in a patient with a crea	tinine clea	rance of 40) ml/min an	d anemia o	of chronic
disease?					
Hgb below 8 g/dl					
Hgb below 9 g/dl					
Hgb below 10 g/dl					
Hgb below 11 g/dl					
Hgb below 12 g/dl					
Hgb below 13 g/dl					
	Add Questi	on Add Page			
15. Survey 6ba Edit Page Delete Page	Copy/Move Add	Logic			
Progress:					
	Add Questi	on Add Page			
Edit Delete Copy/Move Add Logic					
* At what intact PTH concentrat	ion would	you interve	ene (start ti	reatment or	request a
consult) in a patient with a crea	tinine clea	rance of 40) ml/min an	d seconda	ry
hyperparathyroidism?					
intact PTH above 30 pg/ml					
intact PTH above 50 pg/ml					
intact PTH above 70 pg/ml					
intact PTH above 110 pg/ml					
intact PTH above 150 pg/ml					
0					

l do not know	
	Add Question Add Page
6. Survey 6c Edit Page Delete F	Page Copy/Move Add Logic
	Add Question Add Page
<u>Edit Delete Copy/Move</u> Your patient is a 40-year o data:	old woman with hypertension. She has the following laboratory
Creatinine clearance	40 ml/min (normal:90-140)
Hgb:	8.0 g/dl (normal:12-16)
Iron:	40 mcg/dl (normal:65-165)
TIBC: Ferritin:	400 mcg/dl (normal:300-450) 40 ng/ml (normal:20-300)
	Add Question Add Page
Edit Delete Copy/Move Add Logic	
-	y, would you use to treat this patient's anemia (check all that
apply)?	
Oral iron	
Intravenous iron	
Erythropoietin or darbap	ocietin
No medications	
Other (please specify)	
	Add Question Add Page
Edit Delete Copy/Move Add Logic]
* What consultations, if ar	ny, would you request?
Nephrology consult	
Hematology consult	
No consultation	
Other (please specify)	
,	Add Question Add Page
7. Survey 6d Edit Page Delete F	Page Copy/Move Add Logic
rogress:	
	Add Question Add Page
Edit Delete Copy/Move	
Your patient is a 40-year of	old woman with hypertension. She has the following laboratory

data:

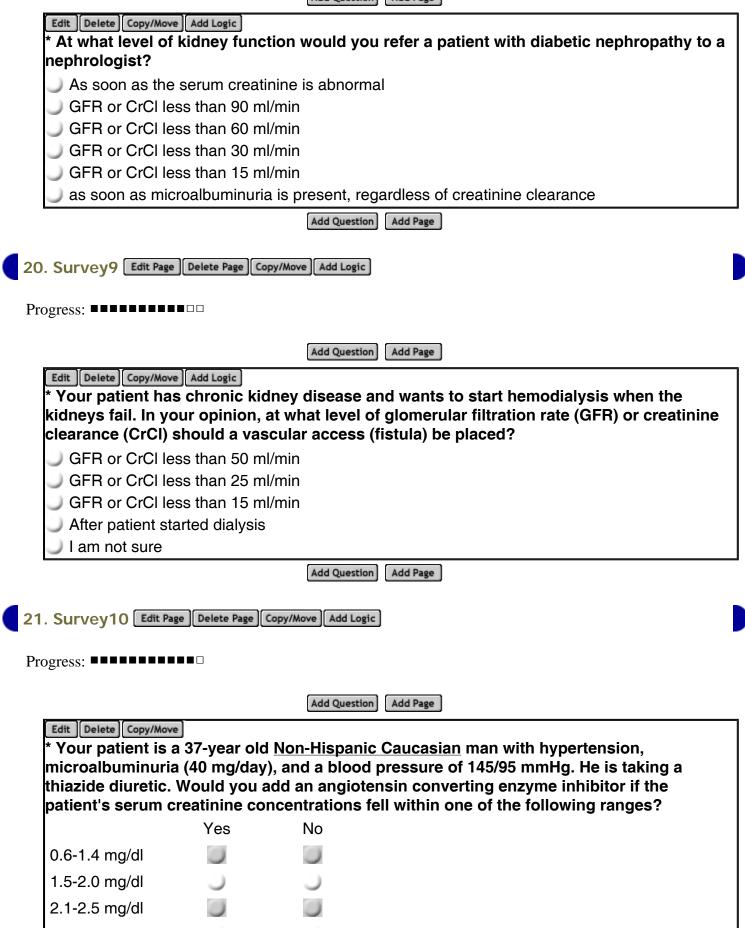
Creatinine clearance	40	ml/min	(normal:90-140)
Calcium:	8.5	mg/dl	(normal:8.5-10.5)
Phosphate:	2.9	mg/dl	(normal:2.0-4.3)
PTH (intact):	120	pg/ml	(normal:10-55)
25-OH Vitamin D:	40	ng/ml	(normal:20-56)

Add Question Add Page

Edit Delete Copy/Move Add Logic
* What medications, if any, would you use to treat this patient's elevated PTH?
Calcium supplementation
Phosphate binder
1,25-Vitamin D (calcitriol, paricalcitol, or doxercalciferol)
25-Vitamin D (ergocalciferol)
No Medication
Other (please specify)
Add Question Add Page
Edit Delete Copy/Move Add Logic
* What consultations, if any, would you request?
Nephrology consultation
Endocrinology consultation
No consultation
Other (please specify)
Add Question Add Page
18. Survey7 Edit Page Delete Page Copy/Move Add Logic
Progress:
Add Question Add Page
Edit Delete Copy/Move Add Logic * In your opinion, if a patient with a creatinine clearance of 40 ml/min develops secondary
hyperparathyroidism, what combination of serum calcium, serum phosphate, and PTH
concentrations is most likely?
Low calcium, normal phosphate, high PTH
High calcium, low phosphate, high PTH
Low calcium, high phosphate, high PTH
Low calcium, high phosphate, normal PTH
Normal calcium, normal phosphate, high PTH
Other (please specify)
Add Question Add Page
And Chestion And Lake

2.6-3.0 mg/dl

Add Question Add Page



3.1-4.0 mg/dl				
above 4.0 mg/dl	0	0		
		Add Question	Add Page	
			-	
. Survey11 Edit Pa	ge Delete Page	Copy/Move Add Logi	J	
ogress:				
-				
	_	Add Question	Add Page	
Edit Delete Copy/Move * Your patient is a		ld African Amer	<u>ican</u> man with hypertension, microalbun	ninuria
(40 mg/day), and	a blood pre	essure of 145/9	mmHg. He is taking a thiazide diuretic.	Would
you add an angic concentrations fe			inhibitor if the patient's serum creatining	е
	Yes	No		
0.6-1.4 mg/dl				
1.5-2.0 mg/dl	<u></u>			
2.1-2.5 mg/dl		- in the second se		
2.6-3.0 mg/dl				
-				
3 1-4 0 ma/dl				
3.1-4.0 mg/dl above 4.0 mg/dl				
3.1-4.0 mg/dl above 4.0 mg/dl	0		Add Page	
U	C	Add Question	Add Page	
above 4.0 mg/dl	wers are re		,]
U	wers are re		,)
above 4.0 mg/dl			,]
above 4.0 mg/dl			,]
above 4.0 mg/dl			NOUSIY. Edit Page Delete Page Copy/Move Add Logic]
above 4.0 mg/dl . All of your answ ogress:	e	corded anonyr	NOUSIY. Edit Page Delete Page Copy/Move Add Logic]
above 4.0 mg/dl . All of your answ	e	corded anonyr	NOUSIY. Edit Page Delete Page Copy/Move Add Logic]
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above 4.0 mg/dl . All of your answ ogress: Edit Delete Copy/Mov Your age (not rec	e quired)	ecorded anonyr	NOUSIY. Edit Page Delete Page Copy/Move Add Logic]
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above 4.0 mg/dl . All of your answ Dgress: Edit Delete Copy/Move Your age (not recomplete Copy/Move) Edit Delete Copy/Move	e Quired)	ecorded anonyr	NOUSIY. Edit Page Delete Page Copy/Move Add Logic]
above 4.0 mg/dl . All of your answ ogress: Edit Delete Copy/Mov Your age (not rec Edit Delete Copy/Mov Your gender (not	e Add Logic required)	ecorded anonyr	NOUSIY. Edit Page Delete Page Copy/Move Add Logic]
above 4.0 mg/dl . All of your answ ogress: Edit Delete Copy/Mov Your age (not rec Edit Delete Copy/Mov Your gender (not	e Add Logic required)	ecorded anonyr	NOUSIY. Edit Page Delete Page Copy/Move Add Logic)
above 4.0 mg/dl . All of your answ ogress: Edit Delete Copy/Mov Your age (not rec Edit Delete Copy/Mov Your gender (not	e Add Logic t required) Male	Add Question	NOUSIY. Edit Page Delete Page Copy/Move Add Logic)
above 4.0 mg/dl . All of your answ ogress: Edit Delete Copy/Mov Your age (not rec Edit Delete Copy/Mov Your gender (not Female	e Add Logic a required) Male e Add Logic	Add Question	NOUSIY. Edit Page Delete Page Copy/Move Add Logic)
above 4.0 mg/dl All of your answ ogress: Edit Delete Copy/Mov Your age (not rec Edit Delete Copy/Mov Your gender (not Female Edit Delete Copy/Mov * Level of training	e Add Logic a required) Male e Add Logic	Add Question	NOUSIY. Edit Page Delete Page Copy/Move Add Logic)

Edit Delete Cop * Years in pra	y/Move Add Logic			
0-3	4-6	7-9	10+	
0	0	0	0	
		Add Qu	Add Page	

24. Thank you for participating in this survey. Please give us your feedback. Edit Page Delete Page

Progress:

		Add Question	Add Page		
Edit Delete Copy/Move					
Please rate this survey	0	0		0	0
	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
Questions were clear	0	J		J States	
Questions were relevant	0	0	0	0	0
Length of survey was acceptable	\bigcirc	0	\bigcirc	0	0
	Add Questio	n Add Page			
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Comments:					
]		
			1		
	Add Questio	n Add Page			
. The end Edit Page Delete Page Copy/M	ove Add Logic]			
	Add Questio	n Add Page			
Edit Delete Copy/Move					
Thank you for participating in th	is survey.				
For questions regarding this sur	vey please	e contact:			
Oliver Lenz, MD					
Division of Nephrology & Hyper	tension				
1600 NW 10th Ave Rm 7168					
Miami, FL 33136					
	Add Questio	n Add Page			

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