Your responses help us create a personalized plan. Be honest, specific, and relaxed.

♥ HYDRATION HABITS
• How much do you drink daily? cups oz mL
$ullet$ When do you hydrate? \Box Morning \Box Afternoon \Box Evening \Box Overnight
• Common drinks: □ Water □ Lemon water □ Tea (type): □ Juice □ Soda □ Coffee □ Broth
$ullet$ Barriers to drinking more? \Box Forget \Box Bathroom access \Box Don't like taste \Box Don't feel thirsty \Box Work constraints
OAILY ROUTINE & STRUCTURE
$ullet$ Work or life schedule: \Box Daytime \Box Evening \Box Night/Shift-based
• Weekends vs weekdays different? \square Yes \square No \rightarrow If yes, describe:
• Meals per day: □ 1 □ 2 □ 3 □ >3 Snacks: □ None □ 1-2 □ 3+
$ullet$ Meal timing: \Box Regular \Box Skip meals \Box Intermittent fasting
I SODIUM EXPOSURE
$ullet$ Common sources: \Box Deli meats \Box Frozen meals \Box Restaurant food \Box Packaged sauces
• Flavor style: □ Salty □ Spicy + salty □ Citrus/herbs
• Do you read sodium on labels? ☐ Yes ☐ No
PLANT-BASED INTAKE
• Veg servings/day: Fruit:
$ullet$ Citrus eaten? \Box Lemon/lime \Box Orange \Box Grapefruit \Box None
• Legumes/beans eaten? \square Yes \square No \rightarrow If yes, how often?
CALCIUM + OXALATE
$ullet$ Calcium intake from: \Box Yogurt \Box Cheese \Box Fortified milk \Box Tofu \Box None
• Calcium supplements? \square Yes \square No \rightarrow Dose/frequency:

$ullet$ Eat regularly: \Box Spinach \Box Almonds \Box Chocolate \Box Tea \Box Beets
$ullet$ Do you pair calcium with these foods? \Box Yes \Box No \Box Not sure
№ PROTEIN SOURCES
• Animal protein/day: servings \square Red meat \square Poultry \square Fish
• Protein powder used? \square Yes \square No \rightarrow Type/brand:
• Meals/week with meat but no veg:
• Do you eat: □ Tofu □ Lentils □ Beans □ Tempeh
S FOOD RESTRICTIONS OR SENSITIVITIES
$ullet$ Avoid or limit: \Box Dairy \Box Gluten \Box Citrus \Box Nuts \Box Animal products \Box Legumes
• Allergies or intolerances?
• Religious/cultural food patterns?
△ VOIDING SYMPTOMS
VOIDING SYMP I OMS
$ullet$ Do you experience: \Box Frequency \Box Urgency \Box Burning \Box Hesitancy \Box Blood \Box Incontinence \Box None
■ LIFESTYLE & MOTIVATION
• Who prepares meals? ☐ Me ☐ Partner ☐ Parent ☐ Shared ☐ Delivered
Most meals: □ Home-cooked □ Restaurant □ On-the-go □ Mixed
• Do you track meals/fluids? ☐ Yes ☐ No
• Confidence level (circle): [♀] Not at all [♀] Somewhat [♀] Confident [♀] Very confident
• Goals: □ Prevent stones □ Reduce meds □ Learn to eat better □ Build routine
• Biggest challenge:
Something you want help understanding: