Additional file 1
Questionnaire Survey on Nutritional Supplement Therapy and Exercise Training at Hemodialysis Facilities in Japan

Basic Characteristics of Your Facility
Please select the classification of your facility from the list below.
National university hospital, Private university hospital, National hospital
County municipalities hospital, Social insurance hospital, Kosei general hospital
Other public hospital, Private general hospital, Private hospital, Private clinic
Which of the following best describes your facility?
Clinic, Clinic with beds, Hospital (<200 beds), or Hospital (≥200 beds)
How many staff members of the following types work in your dialysis department, either full-time or part-time?
Medical doctors, Nurses, Clinical engineers
Are the following types of medical professionals present or absent in your hospital (either in the dialysis department or another department)
Pharmacist, Clinical dietitian, Physical therapist

About Number of Patients
Q1-1: How many inpatients and outpatients are treated by HD in your hospital during August 2015?
The following questions refer to all patients treated by HD in your hospital.
Q2-1: How many patients are aged ≥ 65 years?
Q2-2: How many patients had serum albumin ≤ 3.5 g/dL? The latest data during August to October 2015 should be used.
Q2-3: How many HD patients had certification of long-term care need at the following levels? Support level 1, Support level 2, Care level 1, Care level 2, Care level 3, Care level 4, Care level 5.

Nutritional Therapy
Q3-1: Does your facility offer meals to outpatients?
“□ Yes □ No”
Q3-2: If meals are provided, does your facility offer a meal during HD?
“□ Yes □ No”
Q4-1: Besides meals, does your facility offer any type of oral nutritional supplement (ONS), such as amino acid formula?
“□ Yes □ No”
If you answered “Yes” to Q4-1, please answer the following questions, Q4-2 to Q4-4.
Q4-2: How many patients received ONSs?
Q4-3: When do the patients typically take ONS? (Please check all that apply.)
Before hemodialysis, During hemodialysis, After dialysis at home.
Q4-4: Which kind of ONS does your facility mainly use? (Please check all that apply.)
If you answered “No” to Q4-1, please answer the following questions, Q4-5 and Q4-6.

Q4-5: Why does your facility not use ONSs? (Please check all that apply.)

Q4-6: Is your facility considering use of ONS in the future?
“☐ Yes ☐ No”

Q5-1: Does your facility offer intradialytic parenteral nutrition (IDPN)?
“☐ Yes ☐ No”

If you answered “yes” to Q5-1, please answer the questions, Q5-2 to 5-4.

Q5-2:
A: How many patients are offered the following types of IDPN during HD?

Q5-3: Why do you use IDPN? (Please check all that apply.)
1. Improvement of malnutrition, 2. Fear of aspiration by ONS, 3. ONS is contraindicated by comorbidities, 4. Simple method to replenish nutrition during dialysis session, 5. Poor adherence to ONS

Q5-4: Does your facility add insulin to IDPN if it contains glucose?
1. Yes, for all patients, 2. Yes, for some patients (a. diabetic patients, b. patients experiencing hyperglycosemia), 3. Other (describe in detail), 4. No, insulin is not used.

If you answered “No” to Q5-5, please answer the following questions, Q5-5 and 5-6.

Q5-5: Why does your facility not use IDPN? (Please check all that apply.)
1. No patients with malnutrition, 2. Economic reasons, 3. Time- and labor-intensive for nursing staff, 4. Fear of side effects (hyperglycemia, dyslipidemia), 5. Other (describe in detail).

Q5-6: Is your facility considering the use of IDPN in the future?
“☐ Yes ☐ No”

**Exercise Training**

Q6-1: Does your facility offer exercise training during HD?
“☐ Yes ☐ No”

If you answered “Yes” to Q6-1, please answer the following questions, Q6-2 to 6-4.

Q6-2:
A. How many patients are offered exercise training (ET) during HD?
B. How many patients received the following types of ET?
1. Resistance training (RT) alone, 2. Aerobic training (AT) alone, 3. Combined RT and AT, 4. Other (describe in detail)

Q6-3: How often does your facility offer ET per week?
1. Three times, 2. Two times, 3. One time, 4. Undetermined, 5. Other (describe in detail)

Q6-4: How long does ET last per session?
1. Less than 15 min, 2. 15-29 min, 3. 30-44 min, 4. 45-59 min, 5. 60 min or more.
If you answered “No” to Q6-1, please answer the following question, Q6-5.  
Q6-5: Does your facility provide an exercise program on non-dialysis days?  
□ Yes (describe in detail) □ No”

For the facilities implementing ET:  
Q6-6: Why does your facility provide ET? (Please check all that apply.)  
1. Prevention of frailty and sarcopenia, 2. Efficiently utilize the time during dialysis, 3. Volunteered by the patients, 4. Others (describe in detail)

For the facilities not implementing ET:  
Q6-7: Is your facility considering the implementation of ET in the future?  
□ Yes □ No”