

## Supplementary Data

### Supplemental Table S1 - Phosphate Food Frequency Questionnaire

[illegible]

[illegible]

Food item	Never	Less than once a month	1-2 times a month	1-2 times a fortnight	2-5 times a week	1 time a day	2 or more times a day
If you consume cheese (any type) 2-5 times per week or more often how much do you have each day? _____ grams (1 slice = 20g, 1/4c = 40g, 1 matchbox sized piece = 40g)							
Ice-cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>							
Puddings / instant desserts (e.g., rice pudding, crème caramel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cola (e.g., Coca-Cola, Pepsi including diet or sugar free varieties)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasta/noodle dishes with pre-prepared/packet sauces (e.g., continental pasta, instant noodles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave / convenience meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chocolate (e.g., solid types or containing nuts) and chocolate spreads (e.g. Nutella)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of completion:

**Who completed this questionnaire?**

- ☐ Participant with no assistance
- ☐ Participant with some assistance
- ☐ Healthcare professional

Patient Identifier

### Supplemental Table S2 – 24 Hour Multi Pass Recall

**Interviewer Name** \_\_\_\_\_ **Date of Completion:** \_\_\_\_\_

## 24 Hour Recall Form

(Say to patient) I would like for you to tell me everything you had to eat and drink all day yesterday, starting with the first thing you ate yesterday. Include everything you ate and drank at home and away – even snacks.

*(Do not interrupt patient – just fill in foods and any details they volunteer to you).*

[illegible]

## 24 hr Multi Pass Recall Continued

*(After 24-hour recall is recorded, say to patient)* Now, I'm going to ask you for more detail about all the foods that you just mentioned. As we go along, when you remember anything else you ate or drank, please tell me.

*(Say to patient)* Use these measuring guides to tell me about the amounts of foods you ate. *(Show patient measuring cups and spoons, ruler, and food models).*

*Review each food with patient for the following.*

- ☐ *Record time food eaten – circle am or pm*
- ☐ *Where food was eaten – write H for home or A for away*
- ☐ *Food was for which meal or snack – write B for breakfast, L for lunch, D for dinner, S for snack*
- ☐ *Record portion size using measuring guides (see estimating portions resource)*

*Check off foods after you review them with the patient*

*(After intake details are recorded, say to the patient)* Now, let's see if I have everything.  
*(Check off one box for each question)*

1) Query for item description specifically asking about

- ☐ Brand names
- ☐ How was food prepared?
- ☐ What cuts of meat were used? Is the fat trimmed? Is the fat or skin eaten?
- ☐ Are fats or condiments added? e.g. butter, margarine, mayonnaise, dressings, sauces, or gravies
- ☐ What types of fats and oils are used in cooking?
- ☐ Is salt added to cooking or at the table? How much salt is used?
- ☐ if other ingredients were added that may not be obvious

2) Did you eat or drink anything while making a meal or while waiting to eat?

- ☐ Yes, add to food list
- ☐ No

3) After you went to bed, did you wake up and have anything to eat or drink?

- ☐ Yes, add to food list
- ☐ No

4) Can you remember anything else that you ate or drank yesterday that you haven't already told me about? For example, did you have any gum, hard candy, water, tea, or ice?

- ☐ Yes, add to food list
- ☐ No

5) Lastly, was yesterday's intake what you typically consume?

- ☐ Yes
- ☐ No

*(If no, ask)* How was yesterday different from other days? *(Record verbatim)*

*Thank patient*

**Supplemental Table S3 – Participant Demographics ESKF Cause – Other**

Cause	Number
ESKF post CABG	1
Renal cell carcinoma	1
Mes GN type 1	1
Glomerulonephritis	3
ESKF gradual decline	1
Primary IgA nephropathy	1
Anti – GBM anti body disease	2
Focal Segmental Glomerulosclerosis	2
NSTEMI>AKI	1
Acute tubular necrosis	1
Acquired obstructive nephropathy	2
Haemolytic Uraemia	1
Multiple myeloma	1
Ischaemic nephropathy	1