***Supplementary file*** *Survey questions*

*1. Is kidney replacement therapy (Continuous kidney replacement therapy (CKRT) or hemodialysis (HD)) being performed in the ICU at the hospital you (mainly) work at?*

* Yes
* No
* Other

*2. Which form of kidney replacement therapy is available for ICU patients with AKI in the hospital you (mainly) work at?*

* CVVH(DF)
* Hemodialysis (HD)
* Both CVVH(DF) and hemodialysis
* Other

*3. Are you actively involved in the decision making regarding stopping acute kidney replacement therapy?*

* Yes
* No
* Other

4. *How many times a year are you actively involved in the decision to stop acute kidney replacement therapy?*

* 0 times
* <5 times
* 6-10 times
* 11-20 times
* >20 times
* Don't know

*5. What is your position?*

* Nephrologist
* Intensivist
* Other

*6. How many years have you worked in your position stated in question 5?*

* <2 years
* 2-5 years
* 6-10 years
* >10 years

*7. How many ICU beds are available in the hospital you are mainly working at?*

* <5
* 6-8
* 9-11
* 12-15
* 16-19
* >19

*8. The hospital you mainly work is a(n)*

* University hospital
* General hospital
* Other

*9. How many ICU patients with AKI receive acute kidney replacement therapy in the hospital you (mainly) work at, annually?*

* <10
* 11-30
* 31-50
* >50
* Don't know

10. *Which method is used to determine the kidney function in the ICU for the hospital you (mainly) work at? You can select multiple answers*

* Serum creatinine
* 24-hour urinary creatinine
* Estimated GFR (eGFR) Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) formula
* Estimated GFR (eGFR) Modification of Diet in Renal Disease (MDRD) formula
* Other

*11. Please give an estimate for the hospital you (mainly) work at on how many times the CKRT is reinitiated within 72 hours after stopping the initial treatment.*

* Never
* 1-10%
* 11-20%
* 21-40%
* 41-60%
* 61-80%
* 81-100%
* Don't know

*Which of the following parameter(s) do you use to assess whether the kidney replacement therapy can be stopped in ICU patients with AKI?*

*12. Absence of fluid overload*

* No
* Yes

*13. Serum cystatin C*

* No
* Yes

*14. NGAL*

* No
* Yes

*15. A spontaneous rise in urine production*

* No
* Yes
	+ *16. At which spontaneous urine production do you think that the kidney function replacement therapy can be stopped? This question can be answered in mL/kg/hrs, as well as the total amount per 24 hours.*
		- 0.25ml/kg/h
		- 0.5ml/kg/h
		- 1-2ml/kg/h
		- >2ml/kg/h
		- >400ml/dag
		- >1000ml/dag
		- Other

*17. Rise in urine production after administration of diuretics*

* No
* Yes
	+ *18. When you assess the diuresis after administering diuretics, which minimal diuresis do you think is sufficient to quit the kidney replacement therapy?*
		- >500ml/day
		- >1000ml/day
		- >1500mL/day
		- >2000ml/day
		- >2500ml/day
		- Other
* *19. Improvement of the creatinine clearance*
* No
* Yes
	+ *20. From which minimal calculated creatinine clearance can the kidney replacement therapy be permanently stopped in IC patients with AKI?*
		- >10ml/min
		- >15ml/min
		- >20ml/min
		- >25ml/min
		- I cannot estimate this

*21. When a patient meets one or more criteria for the cessation of CKRT, when should the treatment be discontinued?*

* Immediately
* After failure or disconnection of the CKRT system due to, e.g. surgery or diagnostic procedures, or after expiration of the CKRT filter
* Other

*22. In an ICU-patient with no prior history of dialysis, when would you consider switching from CKRT to regular haemodialysis? More than one answer is possible.*

* No need for vasopressor treatment during CKRT
* Absence of fluid overload
* I will just try to stop CKRT. If unsuccessful, then CKRT will be restarted.
* (Imminent) discharge of ICU
* Increased mobility of the patient
* No recovery of diuresis
* Lack of CKRT machines
* I cannot estimate this
* Other

*23. Please state any comments in response to this survey below.*