

draft 14Feb2018

Affix Patient Label Here

Today's date: - -
 D D M M M Y Y Y Y

This survey is about the care you are receiving as a conservative kidney care patient. The results will be used to improve the care and services provided to patients like you. Your opinions are very important and will be kept confidential. Your decision to complete this survey will not affect the health care that you receive.

Please return completed forms to the Chronic Kidney Disease Clinic.

Instructions: Mark choice circle with a 'X' or checkmark in the middle of the circle or fill in the circle:

1. Do you feel you have enough information about the progress of your kidney disease to know what to expect in the future?

- Yes, completely Yes, somewhat No, not at all

2. Did the Renal Clinic provide you with a copy of the Conservative Kidney Management booklet?

- Yes No I don't remember

3. Have any members of your health care team ever discussed Advance Care Planning or Goals of Care with you?

Yes → If Yes, who discussed it with you? (Select all that apply):

- No My Family Doctor
 Kidney Clinic Staff
 Home Care Staff
 Other (please specify): _____

4. In the last 12 months, have you ever been unhappy with the care you received at the Chronic Kidney Disease Clinic?

- Yes → If Yes, please explain: _____
 No

5. Do you have some regrets about your decision not to have dialysis?

- No regrets Yes (please explain): _____

6. Has the health care staff involved in your care (including your nephrologist, your family doctor and your home care staff) addressed your concerns about your Conservative Kidney Management care plan?

- Yes, completely Yes, somewhat No, not at all

7. Do you know how to get help if you experience difficulty managing your kidney disease or symptoms at home?

- Yes, completely Yes, somewhat No, not at all

8. Are the symptoms of your kidney disease being managed to your satisfaction?

- Yes, completely Yes, somewhat No, not at all

9. Did the Kidney Clinic talk with you about how you can look after your kidney function?

(For example, eating healthy, drinking the right amount of fluids, taking the right medications and managing your blood pressure)

- Yes No I don't remember

10. Are you currently receiving the Home Care services you need?

(Please note: this does NOT include housekeeping services)

- I do not currently require any Home Care
 Yes, completely
 Yes, somewhat
 No

11. Have you or your family caregivers visited the Conservative Kidney Management website?

- Yes → If Yes, was it helpful? Yes, very helpful
 No Yes, somewhat helpful
 No, not helpful

12. Is there something that we could do better to support your quality of life?

13. Who is completing this survey?

- Patient Family/Friend Patient with help of family/friend

Thank you for taking time to complete this survey!