

Your Home Dialysis Care Experience

March 2020

Funding for development of this questionnaire was provided by Satellite Healthcare,
a not-for-profit renal care provider.



Survey Instructions

This survey is about your experiences with home dialysis care through [SAMPLE FACILITY NAME].

For this survey, ‘home dialysis staff’ includes the nurses, social workers, technicians, dietitians, receptionists and other individuals at your home dialysis center who support you doing your dialysis at home. ‘Home dialysis staff’ does not include your doctors.

In this survey, some questions ask about your care in the last 6 months. As you answer these questions, think only about your experience at [SAMPLE FACILITY NAME], even if you have not been receiving care there for the entire 6 months.

Answer each question by marking the box to the left of your answer that best describes how you feel.

1. **Where do you currently get your dialysis treatments?**
 - 1 At home
 - 2 At a dialysis center → **If at a dialysis center, Go to Question 27**
 - 3 I do not currently receive dialysis → **If you do not currently receive dialysis, Go to Question 27**

2. **What type of dialysis do you currently do at home?**
 - 1 Peritoneal dialysis
 - 2 Home hemodialysis

3. **How long have you been getting home dialysis through your current dialysis center?**
 - 1 Less than 3 months → **If Less than 3 months, go to Question 27**
 - 2 At least 3 months but less than 1 year
 - 3 At least 1 year but less than 5 years
 - 4 5 years or more
 - 5 I do not currently receive dialysis through this dialysis center → **if you do not currently receive dialysis through this dialysis center, Go to Question 27**

THE HOME DIALYSIS STAFF

For the next questions, “home dialysis staff” means nurses, social workers, technicians, dietitians, and receptionists at this dialysis center who support your home dialysis. “Home dialysis staff” does not include your doctors.

4. **In the last 6 months, how often did the home dialysis staff listen carefully to you?**
 - 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always

5. **In the last 6 months, how often did the home dialysis staff explain things in a way that was easy for you to understand?**
 - 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always

6. **In the last 6 months, how often did the home dialysis staff show respect for what you had to say?**
 - 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always

7. In the last 6 months, how often did the home dialysis staff spend enough time with you?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

8. In the last 6 months, how often did you feel supported when you called the home dialysis staff for help?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 I did not call the dialysis center staff for help

9. In the last 6 months, if you asked for help from the home dialysis staff, how often did you get help as soon as you needed it?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 I did not ask the dialysis staff for help

10. In the last 6 months, how often did you notice problems with communication among the home dialysis staff?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

11. In the last 6 months, how often did the home dialysis staff and your kidney doctor work well together as a team?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

12. In the last 6 months, how often were the home dialysis staff able to help you deal with problems that you encountered with your home dialysis?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 I did not encounter problems with my home dialysis

13. In the last 6 months, did the home dialysis staff talk to you about what you should eat and drink?

- 1 Yes
- 2 No

14. Has the home dialysis staff ever told you what to do if there is a problem with your dialysis equipment at home?

1 Yes

2 No

15. Has the home dialysis staff ever told you what to do if you experience a health problem at home?

1 Yes

2 No

16. Has the home dialysis staff ever told you what to do if you are unable to do your dialysis at home in the event of an emergency or disaster?

1 Yes

2 No

17. Using a number from 1 to 10, where 1 is the worst home dialysis staff possible and 10 is the best home dialysis staff possible, what number would you use to rate your current dialysis staff?

1 1 (Worst staff possible)

2 2

3 3

4 4

5 5

6 6

7 7

8 8

9 9

10 10 (Best staff possible)

TREATMENT

18. In the last 6 months, did the home dialysis staff and your kidney doctor make sure that your home dialysis treatment plan works for you?

1 Yes

2 No

For the next two questions, 'treatment for your kidney disease' includes dialysis at a center, dialysis at home, or a kidney transplant.

19. In the last 6 months, did your kidney doctors or home dialysis staff talk to you as much as you wanted about which treatment for your kidney disease is right for you?

1 Yes

2 No

20. In the last 6 months, have you been involved as much as you wanted in choosing the treatment for your kidney disease that is right for you?

1 Yes

2 No

For the next question, your 'Dialysis Access' means either your peritoneal dialysis catheter, fistula, graft, or hemodialysis catheter.

21. Do you know how to take care of your dialysis access?

- 1 Yes
- 2 No

22. How confident are you in your ability to perform your dialysis safely at home?

- 1 Very confident
- 2 Somewhat confident
- 3 Only slightly confident
- 4 Not at all confident

THE HOME DIALYSIS CENTER

23. In the last 6 months, were you ever unhappy with the care you received at the home dialysis center?

- 1 Yes → If Yes, Go to Question 24
- 2 No → If No, Go to Question 26

24. In the last 6 months, did you ever talk to someone on the home dialysis center staff about this?

- 1 Yes → If Yes, Go to Question 25
- 2 No → If No, Go to Question 26

25. In the last 6 months, how often were you satisfied with the way they handled these concerns?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

26. Using a number from 1 to 10, where 1 is the worst home dialysis center possible and 10 is the best home dialysis center possible, what number would you use to rate your current dialysis center?

- 1 1 (Worst home dialysis center possible)
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10 (Best home dialysis center possible)

DEMOGRAPHIC QUESTIONS ("ABOUT YOU")

27. In general, how would you rate your overall health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

28. In general, how would you rate your overall mental or emotional health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

29. Are you being treated for high blood pressure?

- 1 Yes
- 2 No

30. Are you being treated for diabetes or high blood sugar?

- 1 Yes
- 2 No

31. Are you being treated for heart disease or heart problems?

- 1 Yes
- 2 No

32. Are you deaf or do you have serious difficulty hearing?

- 1 Yes
- 2 No

33. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- 1 Yes
- 2 No

34. Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- 1 Yes
- 2 No

35. Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No

36. Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No

37. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?

- 1 Yes
- 2 No

38. What is your age?

- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 74
- 7 75 to 84
- 8 85 or older

39. Are you male or female?

- 1 Male
- 2 Female
- 3 Neither male nor female

40. What is the highest grade or level of school that you have completed?

- 1 No formal education
- 2 5th grade or less
- 3 6th, 7th, or 8th grade
- 4 Some high school but did not graduate
- 5 High school graduate or GED
- 6 Some college or 2-year degree
- 7 4-year college graduate
- 8 More than 4-year college degree

41. What language do you mainly speak at home?

- 1 English
- 2 Spanish
- 3 Chinese
- 4 Samoan
- 5 Russian
- 6 Vietnamese
- 7 Portuguese
- 8 Some other language (please identify):

42. Are you of Spanish, Hispanic, or Latino origin or descent?

- 1 No, not Spanish/Hispanic/Latino
- 2 Yes, Puerto Rican
- 3 Yes, Mexican, Mexican American, Chicano
- 4 Yes, Cuban
- 5 Yes, other Spanish/Hispanic/Latino

43. What is your race? (One or more categories may be selected)

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Asian Indian
- 5 Chinese
- 6 Filipino
- 7 Japanese
- 8 Korean
- 9 Vietnamese
- 10 Other Asian
- 11 Native Hawaiian
- 12 Gaumanian or Chamorro
- 13 Samoan
- 14 Other Pacific Islander

44. Did someone help you complete this survey?

- 1 Yes → **If Yes, Go to Question 45**
- 2 No → **If No, please return completed survey to the vendor**

45. Who helped you complete this survey?

- 1 A family member
- 2 A friend
- 3 A staff member at the dialysis center
- 4 Someone else (please identify):

**46. How did that person help you?
Check all that apply.**

- 1 Read the questions to me
- 2 Wrote down the answers I gave
- 3 Answered the questions for me
- 4 Translated the questions into my language
- 5 Helped in some other way (please print):

Thank you. Please return the survey in the enclosed envelope to:

**VENDOR'S NAME
STREET ADDRESS 1
STREET ADDRESS 2
CITY, STATE, ZIP**