Patient ID#: _____

Date: _____

Study: Creating Patient Centered Report Card for Solid Organ Transplant Candidates

Questionnaire for kidney patients

We will start with a few questions about yourself and your kidney disease. Please respond as best as you can. You can decide if you would like to read through this on your own, or I can read it out loud.

Patient Name _____

Patient ID# _____

Interviewer: _____

Date: _____

Interview # : _____
(Enter 0 if this is for a focus group participant)

Focus Group # : _____
(Enter 0 if not a focus group participant)

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Patient ID#: _____

Date: _____

Please answer the following questions.

1. What year were you born? _____

2. Sex: ☐ Male ☐ Female

3. What would you describe yourself as?

☐ Black or African-American ☐ White

☐ Asian-American ☐ Hispanic

☐ Native American ☐ Other:_____

4. How many years of school have you completed? For example, starting high school would be 9 years, or finishing high school would be 12 years.

1 2 3 4 5 6 7 8	**9 10 11 12**	**13 14 15 16**	**17 18 19 20+**
Grade School	High School	College	Graduate School

5. Which of the following categories best describes your approximate household income last year? This includes paychecks, Social Security, disability, food stamps, etc.

☐ 1) less than $15,000

☐ 2) $15,000 – $30,000

☐ 3) $30,001 – $45,000

☐ 4) $45,001 – $60,000

☐ 5) $60,001 – $75,000

☐ 6) more than $75,000

☐ Prefer not to answer

6. How many people, including children, lived on this amount of money?
Enter number _____

☐ Don't know ☐ Prefer not to answer

7. Are you currently employed, unemployed, retired, a full-time homemaker, or a student?

☐ 1) Employed full-time

☐ 2) Employed part-time

☐ 3) Unemployed

☐ 4) Retired

☐ 5) Full-Time Homemaker

☐ 6) Student

☐ 7) Unable to work

8. What kind of insurance do you have? If you have more than one, please mark each kind you have.
   1. ☐ Private (e.g. Blue Cross, Medica)
   2. ☐ Medicare
   3. ☐ Medicaid
   4. ☐ Not insured
   5. ☐ Other, please specify_____

9. What is your current marital status?

☐ 1) Married

☐ 2) Widowed

☐ 3) Separated

☐ 4) Single/ Never Married

☐ 5) Divorced

☐ 6) Living with someone

☐ 7) Other

☐ 8) Prefer not to answer

10. How do you get to your doctor's appointments?

☐ 1) I or a family member, own a car

☐ 2) I have access to a car and ride with someone

☐ 3) I use public transportation/ bus/ metro

☐ 4) I take a taxi

☐ 5) I walk

☐ 6) Other, please specify _____

11. What is your 5-digit zip code? _____ (This will be used to calculate approximate distance from transplant center)

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12. What caused your own kidneys to stop working?

☐ 1) Diabetes

☐ 2) Hypertension

☐ 3) Polycystic kidney disease

☐ 4) Glomerular disease

☐ 5) Other: _____

☐ 6) Don't know

13. Review this list of some medical problems. Please answer Yes or No whether a doctor or other health care provider has ever told you that you have these problems.

High Blood Pressure (Hypertension)	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No
a. [If YES] Do you use insulin?	☐ Yes	☐ No
Asthma or Emphysema	☐ Yes	☐ No
Cancer	☐ Yes	☐ No
Stroke or Cerebrovascular accident (CVA)	☐ Yes	☐ No
High Cholesterol	☐ Yes	☐ No
Coronary Artery Disease or Heart Attack	☐ Yes	☐ No
Heart Failure	☐ Yes	☐ No
Irregular beating of the heart or Cardiac arrest (heart stops beating)	☐ Yes	☐ No
Hepatitis or Liver Disease	☐ Yes	☐ No
Overweight	☐ Yes	☐ No

15. Have you had any of the following **during the past 1 year**?

Angina or Chest pains ☐ Yes ☐ No

Shortness of Breath ☐ Yes ☐ No

16. Have you **ever** had any of the following procedures?

Bypass heart surgery ☐ Yes ☐ No

Coronary Angioplasty (procedure to open clogged arteries in your heart)

☐ Yes ☐ No

17. How many times have you been admitted to the hospital in the last 12 months?

_____

18. Have you ever been evaluated for a kidney transplant at another transplant center?

☐ Yes ☐ No ☐ Not Sure

If yes, ask: At which transplant center were you evaluated? _____

19. Are you on the list for a kidney transplant?

☐ Yes ☐ No ☐ Not Sure

20. Have you had a previous kidney transplant?

☐ Yes ☐ No

21. What is your blood type?

☐ O ☐ A ☐ B ☐ AB ☐ Not Sure

22. What is your height _____' _____" and weight _____ ?

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23. In general, how would you describe your health? Please use one of the following 5 terms.

☐ 1) Excellent
☐ 2) Very good
☐ 3) Good
☐ 4) Fair
☐ 5) Poor

24. Are you considering living kidney donation if you are approved for kidney transplant?
☐ 1) Yes
☐ 2) No

Thank you for your time and cooperation.