

Patient ID#: _____

Date: _____

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

Questionnaire for family members of kidney disease patients:

We will start with a few questions about yourself and your family member's 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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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/Latino
 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
Grade School

9 10 11 12
High School

13 14 15 16
College

17 18 19 20+
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 5) \$60,001 – \$75,000
 2) \$15,000 – \$30,000 6) more than \$75,000
 3) \$30,001 – \$45,000 Prefer not to answer
 4) \$45,001 – \$60,000

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 the transplant center?

- 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 family member's own kidneys to stop working?

- 1) Diabetes
- 2) Hypertension
- 3) Polycystic kidney disease
- 4) Glomerular disease
- 5) Other: _____
- 6) Don't know

13. In general, how would you describe the health of your family member with kidney disease? Please use one of the following 5 terms.

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

14. Are you considering donation your kidney to your family member if you are approved for being a kidney donor?

- 1) Yes
- 2) No

Thank you for your time and cooperation.