

Home Based Dialysis Questionnaire

Name _____

Age _____ Phone number _____

Email: _____

How long have you known you had

Kidney Disease? _____

Home and Lifestyle

Where do you live? _____

Do you own your home?

- Yes
- No I rent
- I do not have stable housing

What is the approximate size of your home?

- Small studio
- 1 bedroom apartment or suite
- 2-3 bedroom apartment or suite
- House with 2 or more bedrooms

Work

Do you work or attend school?

- Yes
- No

If yes what type of work or school program are you in _____

What are your hours of work/school? _____

Water and sewage

Is your water supply from a

- City water supply
- Well
- Other source or not sure

Is your water supply metered?

- Yes _____
- No or not sure

How is your sewage system managed?

- City
- Septic
- Other _____

Social support

Does anyone live with you?

- Yes, I live with _____
- No

Who can you count on for support? _____

Do you have a pet?

- Yes, I have a _____
- No

Do you manage your own cooking, cleaning and bathing?

- Yes
- No I need help from _____

Travel/Leisure

Do you travel?

- Yes, if yes where and how do you typically travel? _____

- No

What do you do for recreation _____

Do you use a home computer?

- Yes
- No

Do you drink alcohol?

- Yes, I drink _____ (number) of drinks per week
- No

Do you use recreational drugs?

- Yes, I use (type) _____
- No

Medical

Do you manage your own medication?

- Yes
- No _____ helps me

Other than your kidney disease do you have medical or social issues you are concerned about? _____

