Kidney Care Clinic:  
Learning Needs Questionnaire  
for New Patients with ADPKD

Rev: November 2019

Date completed: ___________________________

To help us know what you would like to learn more about, please tell us what you know now by putting a check mark (√) in the box that best describes you.

<table>
<thead>
<tr>
<th>I do not know much about this</th>
<th>I know something about this but would like to know more</th>
<th>I understand this very well</th>
<th>This does not apply to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polycystic Kidney Disease (PKD) and how it affects me</td>
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<td>Blood tests and what they mean for me</td>
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<td>Blood pressure and kidney care</td>
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<td>Diabetes and kidney care</td>
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<td>Resources to self-manage my care</td>
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<td>Diet measures to protect my kidneys</td>
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<td>Stress and coping with kidney disease</td>
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<tr>
<td>Lifestyle changes necessary for kidney health</td>
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<td>How will PKD affect my work</td>
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<td>How will PKD affect my family</td>
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<tr>
<td>Concerns about having children related to PKD and kidney disease</td>
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</tbody>
</table>

Right now, I am most concerned with:


Other concerns I have that are not on the list are:


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Please answer the questions below to help us know the best way to provide you with information about kidney disease.

1. What is your primary (main) language?

2. How would you rate your English?
   - [ ] Good
   - [ ] Fair
   - [ ] Poor
   - [ ] None

3. Would it help to have an interpreter available to you?
   - [ ] Yes
   - [ ] No

4. How do you like to learn about your health?
   - [ ] Books
   - [ ] Pamphlets
   - [ ] Newsletter
   - [ ] Group sessions
   - [ ] Videos
   - [ ] Posters
   - [ ] Internet
   - [ ] Other: ________________________________

5. Please let us know of anything else you would like to share to help us know you better:

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

Thank you for filling out this form.