Home Based Dialysis Questionnaire

Name	Social support
Age Phone number	Does anyone live with you?
Email:	Yes, I live with
How long have you known you had	□ No
	Who can you count on for support?
Kidney Disease?	Do you have a pet?
	☐ Yes, I have a
Home and Lifestyle	□ No
Where do you live?	Do you manage your own cooking, cleaning and
Do you own your home?	bathing?
□ Yes	Yes
□ No I rent	□ No I need help from
☐ I do not have stable housing	Travel/Leisure
What is the approximate size of your home?	
☐ Small studio	Do you travel? Yes, if yes where and how do you typically
☐ 1 bedroom apartment or suite	Yes, if yes where and how do you typically travel?
☐ 2-3 bedroom apartment or suite	
☐ House with 2 or more bedrooms	□ No
Work	What do you do for recreation
Do you work or attend school?	
☐ Yes	Do you use a home computer?
□ No	☐ Yes
	□ No
If yes what type of work or school program are you in	
What are your hours of work/school?	Do you drink alcohol?
What are your hours of work sensor.	Yes, I drink (number) of drinks per week No
Water and source	□ No Do you use recreational drugs?
Water and sewage	Yes, I use (type)
Is your water supply from a	No
☐ City water supply	_ 110
□ Well	Medical
☐ Other source or not sure	Do you manage your own medication?
Is your water supply metered?	Yes
□ Yes	□ No helps me
□ No or not sure	
	Other than your kidney disease do you have medical
How is your sewage system managed?	or social issues you are concerned
□ City	about?
□ Septic	
□ Other	