BCRenal
Provincial Health Services Authority

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

Rev: November 2019

PATIENT INFORMATION LABEL

Name: ____________________

Address: ____________________

Phone: ____________________

Date of Birth (MM/DD/YYYY): ____________________

PHN: ____________________

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.

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

Right now, I am most concerned with:

____

____

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

____

____

____

____

Provincial Health Services Authority — Province-wide solutions. Better health.
BC Children's Hospital
fraserhealth — Better health. Best in health care.
Interior Health
island health
northern health — the northern way of caring
Providence Health Care — How you want to be treated.
Vancouver Coastal Health — Promoting wellness. Ensuring care.

BCRenal
Provincial Health Services Authority

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

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.