Your Health Survey

About this questionnaire

The purpose of this questionnaire is to find out how your kidney disease affects you and your daily life. The aim is to help you and your renal team to make shared decisions about your treatment that are right for you, your family and carers.

Completing the questionnaire

The questions are about your symptoms, your health, and how you manage your health. This is about **your** experiences and opinions; there are no right or wrong answers. Think about your life as a whole, not just about your kidney problems. The questionnaire should take about 10 minutes to complete. You can ask your partner, a friend or family member, or one of the staff to help you. You may be asked to complete this survey on a regular basis. Choosing not to take part will not affect your care in any way.

Your results

If you are registered on **Patient View**, you will be able to see your answers by clicking on the 'My Conditions' tab, then on 'My Health Surveys'. It may take 2-4 weeks after you fill out this survey for your results to appear. If you are not yet registered on Patient View you can ask your renal (kidney) team to help you with this.
Ask your renal team about how you can use these results when you next come to clinic. For example, you might want to have a list of the three biggest problems you want to talk about or go through the form with the nurse or doctor in clinic.

Protecting patient information

The NHS has strict rules which protect patient information. Completing the questionnaire means you consent to your answers being sent to and held by the UK Renal Registry and your renal unit. Please contact the Registry at catherine.stannard@renalregistry.nhs.uk or 0117 414 8151, or visit www.renalreg.org if you have any questions or concerns about the way your information is held. Thank you for participating in this survey.

Forename:

Surname:

Renal Unit:

Type of treatment: ☐ *Peritoneal dialysis* ☐ *Haemodialysis* ☐ *Transplant* ☐ *CKD*

If HD, are you: ☐ *Home HD* ☐ *In Centre* ☐ *Satellite*

Date of birth:

Ethnicity: ☐ *Asian* ☐ *Black* ☐ *White* ☐ *Other* ☐ *I would rather not say*

Gender: ☐ *Male* ☐ *Female* ☐ *I would rather not say*

Home Post Code:

Date completed:

NHS number:

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YOUR SYMPTOMS

Below is a list of symptoms, which you may or may not have experienced. For each symptom, please put a X in the box that best describes how it has affected you over the past week.

	Not at all	Slightly	Moderately	Severely	Overwhelmingly
Pain:	☐	☐	☐	☐	☐
Shortness of breath:	☐	☐	☐	☐	☐
Weakness or lack of energy:	☐	☐	☐	☐	☐
Nausea (feeling like you are going to be sick):	☐	☐	☐	☐	☐
Vomiting (being sick):	☐	☐	☐	☐	☐
Poor appetite:	☐	☐	☐	☐	☐
Constipation:	☐	☐	☐	☐	☐
Sore or dry mouth:	☐	☐	☐	☐	☐
Drowsiness:	☐	☐	☐	☐	☐
Poor mobility:	☐	☐	☐	☐	☐
Itching:	☐	☐	☐	☐	☐
Difficulty sleeping:	☐	☐	☐	☐	☐
Restless legs or difficulty keeping legs still:	☐	☐	☐	☐	☐
Changes in skin:	☐	☐	☐	☐	☐
Diarrhoea:	☐	☐	☐	☐	☐
Feeling anxious or worried about your illness or treatment:	☐	☐	☐	☐	☐
Feeling depressed:	☐	☐	☐	☐	☐

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YOUR OVERALL HEALTH

Under each heading, please mark ONE box with X that best describes your health TODAY.

Mobility	☐	*I have no problems in walking about*
	☐	*I have slight problems in walking about*
	☐	*I have moderate problems in walking about*
	☐	*I have severe problems in walking about*
	☐	*I am unable to walk about*
Self-Care	☐	*I have no problems washing of dressing myself*
	☐	*I have slight problems washing of dressing myself*
	☐	*I have moderate problems washing of dressing myself*
	☐	*I have severe problems washing of dressing myself*
	☐	*I am unable to wash or dress myself*
Usual Activities (e.g. work, study, house work, leisure activities)	☐	*I have no problems doing my usual activities*
	☐	*I have slight problems doing my usual activities*
	☐	*I have moderate problems doing my usual activities*
	☐	*I have severe problems doing my usual activities*
	☐	*I am unable to do my usual activities*
Pain / Discomfort	☐	*I have no pain or discomfort*
	☐	*I have slight pain or discomfort*
	☐	*I have moderate pain or discomfort*
	☐	*I have severe pain or discomfort*
	☐	*I have extreme pain or discomfort*
Anxiety / Depression	☐	*I am not anxious or depressed*
	☐	*I am slightly anxious or depressed*
	☐	*I am moderately anxious or depressed*
	☐	*I am severely anxious or depressed*
	☐	*I am extremely anxious or depressed*

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MANAGING YOUR HEALTH

Under each heading, please mark ONE box with X that best describes your health TODAY.

	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
I am the person who is responsible for taking care of my health	☐	☐	☐	☐	☐
Taking an active role in my own healthcare is the most important thing that effects my health	☐	☐	☐	☐	☐
I am confident I can help prevent or reduce problems associated with my health	☐	☐	☐	☐	☐
I know what each of my prescribed medications do	☐	☐	☐	☐	☐
I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself	☐	☐	☐	☐	☐
I am confident that I can tell a doctor or nurse concerns I have even when he or she does not ask	☐	☐	☐	☐	☐
I am confident that I can carry out medical treatments I may need to do at home	☐	☐	☐	☐	☐
I understand my health problems and what causes them	☐	☐	☐	☐	☐
I know what treatments are available for my health problems	☐	☐	☐	☐	☐
I have been able to maintain lifestyle changes, like healthy eating or exercising	☐	☐	☐	☐	☐
I know how to prevent problems with my health	☐	☐	☐	☐	☐
I am confident I can work out solutions when new problems arise with my health	☐	☐	☐	☐	☐
I am confident that I can maintain lifestyle changes, like healthy eating and exercising, even during times of stress	☐	☐	☐	☐	☐

Please turn over the page

How confident are you filling out medical forms by yourself?

Extremely ☐ *Quite a bit* ☐ *Somewhat* ☐ *A little bit* ☐ *Not at all* ☐

How did you complete this questionnaire?

On my own ☐ *With help from a friend or relative* ☐ *With help from a member of staff* ☐

Where did you complete this questionnaire?

At home ☐ *Renal Unit* ☐ *Clinic* ☐ *GP Practice* ☐

Do you use Patient View?

Yes ☐ *No* ☐ *Don't know* ☐

Thank you for completing this questionnaire

For further information please visit the Think Kidney's website

www.thinkkidneys.nhs.co.uk