

PRIVATE AND CONFIDENTIAL

Improving the Care of Kidney Patients

The renal unit is looking at ways of improving its services. In order to assess your needs and the way we deliver care to our patients, we invite you to complete this questionnaire. This questionnaire has been developed by doctors, psychologists/psychotherapists nurses and patients. Your participation is completely voluntary and you can stop at any time if you do not want to proceed. What you tell us will be kept entirely confidential and will not affect your treatment in any way. By returning this questionnaire you give your consent to this information being used to help improve the way we care for you. **Please return the questionnaire to Ferga Robinson by 22nd May 2006** at the following address: **4th Floor, Renal Dept., Guy's Hospital, Thomas Guy House, London SE1 9RT.**

Q1. Have you ever felt that living with kidney failure is burdensome/difficult? YES NO

If so, do you think you would have benefited from more help from the staff to cope? YES NO

Q2. Have you ever felt a sense of loss as a result of kidney failure? YES NO

Q3. Have you ever felt that your illness has taken control of your life? YES NO

Q4. Has kidney failure had a **negative** impact on any of the following areas?
If so, please tick all relevant boxes

A. Lifestyle

Sleep Sex Diet / fluid

Activity level

B. Career

Employment Education Ambitions

C. Social life

Leisure activities Relationships Family/friends

Future plans

D. Yourself

Mood Independence Emotionally

Spiritually Your body image Change in your roles

Stress levels

Q5. Are you aware of the services available for emotional, spiritual and psychological support? YES NO

Q6. During your time as a kidney patient, have you ever felt the need to talk to staff about any concerns or feelings of a personal nature? YES NO

Q7. If you were to have problems of an emotional nature, would any additional help/emotional support from staff be useful? YES NO

Q8. Would you find it helpful to get support in order to manage your illness better? YES NO

Q9. Has it been easy talk to someone in the renal unit about your fears and worries? YES NO

Q10. Generally do you feel the staff have enough time for you? YES NO

Q11. If you have/had need for support who among the staff would you turn to (*Please tick all relevant boxes*)

Doctor Nurse Counsellor / Psychologist

Chaplain Other patients Social worker

Other (Specify)

Q12. Have you received adequate written information about your treatment from the hospital? YES NO

Q13. Have you ever received conflicting answers to your questions about your condition? YES NO

If so, have you found this troublesome to deal with? YES NO

Q14. Would it have been helpful for you to have had additional emotional/psychological support at particular times during your illness?
For example:

Around diagnosis <input type="checkbox"/>	Starting dialysis <input type="checkbox"/>	During dialysis <input type="checkbox"/>
Pre-transplant <input type="checkbox"/>	Post-transplant <input type="checkbox"/>	Failing transplant <input type="checkbox"/>
Coping <input type="checkbox"/>	Other (please specify) <input type="text"/>		

Q15. Do you think you would find telephone calls helpful for emotional support and help as part of our care? YES NO

Q16. Are you? Male Female

Q17. What is your age?

Q18. Do you live alone? YES NO

Q19. In which area are you receiving treatment at this moment?

Pre-dialysis treatment (Monday p.m. Clinic) <input type="checkbox"/>	Haemodialysis <input type="checkbox"/>
Peritoneal dialysis <input type="checkbox"/>	Transplant <input type="checkbox"/>

Q20. What is your ethnic group?

A. White

British <input type="checkbox"/>	Irish <input type="checkbox"/>
Any other white background (specify) <input type="text"/>			

B. Mixed

White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>
White & Asian <input type="checkbox"/>			
Any other mix (specify) <input type="text"/>			

C. Asian or Asian British

Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>			
Any other Asian background (specify) <input type="text"/>			

D. Black or Black British

Caribbean <input type="checkbox"/>	African <input type="checkbox"/>
Any other Black background (specify) <input type="text"/>			

E. Chinese or other Chinese ethnic group

F. Any other (specify)

Are you willing to attend for an interview to discuss some of the issues raised by this questionnaire further? If so, please give your details in the space provided below and we will arrange this either by phone or in the renal unit at a time that suits you.

Your contact details: **(Optional for those who wish to be contacted for the purposes of an interview)**

Name
Address
Postcode
Telephone

If you have experienced distress while completing the questionnaire or in relation to the issues raised please contact Ferga Robinson or one of her team on (020) 7188 5969.

Please return this questionnaire by 9th June 2006
Thank you for completing this questionnaire.