Your Health Survey

Why this questionnaire

You may already have heard about renal units introducing health questionnaires. The purpose of these questionnaires is to find out how your kidney disease affects you when you are at home looking after yourself, leading your daily life with family and carers. This can help you and your renal team to make decisions about your treatment that are right for you.

Completing the questionnaire

The following questions are about **your** symptoms, **your** health, and how **you** manage it. This is about **your** experiences and opinions; there are no "right" or "wrong" answers. Think about your life as a whole, not just your kidney problems. These questions 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. Choosing not to take part will not affect your care in any way.

Protecting patient information

The NHS has strict rules which protect patient information. By completing the questionnaire you are consenting 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 if you have any questions or concerns about the way your information is held.

Thank you for participating in this survey.
For each question please use a black or blue pen

Forename:

Surname:

Renal Unit:

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

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

Date of birth: ☐☐-☐☐-☐☐☐☐

Home Post Code: ☐☐☐☐-☐☐☐

Date completed: ☐☐-☐☐-☐☐☐☐

NHS number: ☐☐☐☐☐☐☐☐☐☐ *(for staff use)*

Renal Unit Post Code: ☐☐☐☐-☐☐☐ *(for staff use)*

Please turn over the page

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	☐	☐	☐	☐	☐

Please turn over the page

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 or dressing myself*
	☐	*I have slight problems washing or dressing myself*
	☐	*I have moderate problems washing or dressing myself*
	☐	*I have severe problems washing or dressing myself*
	☐	*I am unable to wash or dress myself*
Usual Activities (e.g. work, study, housework, 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*

Please turn over the page

MANAGING YOUR HEALTH

Mark X in the box for the answer that is most true for you today.
If the statement does not apply mark N /A

	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 affects 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

Where did you complete this questionnaire?

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

How did you complete this questionnaire?

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

Thank you for completing this questionnaire

For further information please visit the Transforming Participation in CKD Website
https://www.thinkkidneys.nhs.uk/ckd/