





Why this questionnaire

You may already have heard about renal units introducing health questionnaires. This is part of a national project. 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 in the decisions about your treatment that affect how you can live your life. Research has shown that being involved in this way can give you more control and confidence over treatment decisions, support you in achieving your goals and can improve your health and well-being.

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.

Once you have completed the survey please hand in to a member of staff in the department. During your appointment, your doctor or nurse will discuss with you your responses to the questions about your health and how you manage it.

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 sarah.evans@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:															
Date of birth:		1													
Home Post Code:															
Date completed:					_										
NHS number:						(fo	r sto	aff ι	ıse)						
Renal Unit Post Code:						(fo	r sto	aff u	ıse)	 Pleas	se tu	rn o	ver t	he po	age

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	at			Af-	
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** I have no problems doing my usual activities (e.g. work, study, housework, leisure I have slight problems doing my usual activities 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 / I am not anxious or depressed Depression 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)#[t	
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 thi	s questionnaire?							
On my own	With h	elp from a friend or e	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/

Do not print

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'Your Symptoms' section based on Integrated Palliative Outcome Scale – Renal (IPOS-Renal-P7). More information available from "http://www.pos-pal.org" .

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