Home Modality Patient Survey

We would like to know your beliefs, concerns, thoughts and understanding about home dialysis. Please answer every question as it applies to you best.

Name________________________________________________________

1. Write three words that first come to your mind when you think of doing dialysis at home.
   ____________________________________________________________

2. Has your kidney doctor talked to you that dialysis can be done at home?
   □ Yes  □ No

3. Do you believe that home dialysis is safe?
   □ Yes  □ No, please state why _____________________________________________
   □ I do not know

4. Do you know that there are different ways to do dialysis at home?
   □ Yes  □ No

5. Do you believe that you are a candidate for home dialysis?
   □ Yes  □ No, please state why _____________________________________________
   □ I do not know

6. Do you believe that life is more complicated on home dialysis?
   □ Yes, please state why___________________________________________________
   □ No  □ I do not know

7. Do you believe that you can go to school, go to work or go on vacation if you dialyze at home?
   □ Yes  □ No  □ I do not know

8. Do you believe that if you choose to do dialysis at home, you will not be able to change to another type of dialysis?
   □ Yes  □ No  □ I do not know

9. If you are interested to learn about home dialysis options, how would you like to receive information?
   o Printed materials such as brochures, handouts
   o Video or online resources
   o Individual or one on one discussion
     o With a patient on home dialysis
     o With a dialysis center staff
   o Group discussion (i.e. home dialysis staff, peer mentors, with care partners)