



Quality Insights Renal Network 4 (QIRN4) services are available for all renal patients and providers in Pennsylvania and Delaware. Our staff is here to support you and provide guidance and information to the renal community. We would very much appreciate you filling out this brief questionnaire to identify ways that we can serve you best.

Are you interested in learning more about QIRN4 and the services we provide to the renal community?

Yes No

If yes, which QIRN4 services are you interested in learning more about? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Patient advocacy | <input type="checkbox"/> Data collection and analysis |
| <input type="checkbox"/> Quality improvement | <input type="checkbox"/> Grievance (complaint) processing |
| <input type="checkbox"/> Patient education | <input type="checkbox"/> Governance |

Are you interested in learning more about the different types of treatments available for end-stage renal disease?

Yes No

If yes, which types of treatment would you like to learn more about? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> In-Center Hemodialysis | <input type="checkbox"/> Kidney Transplantation |
| <input type="checkbox"/> Peritoneal Dialysis | <input type="checkbox"/> Home Hemodialysis |
| <input type="checkbox"/> Nocturnal (overnight) Hemodialysis | <input type="checkbox"/> No treatment with End of Life Care |

Are you interested in learning more about managing your care?

Yes No

If yes, what information would be most helpful to you? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Care planning with staff | <input type="checkbox"/> Fluid management |
| <input type="checkbox"/> Medicare information (related to dialysis) | <input type="checkbox"/> Resolving grievances (complaints) |
| <input type="checkbox"/> Medication management | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Transplant evaluation | _____ |

Would you be interested in attending an End Stage Renal Disease support group if there were one in your area?

Yes No

Patient Representatives work in the clinic to inform fellow patients about Quality Insights Renal Network 4, distribute Network communications and educational materials, communicate clinic updates or concerns to fellow patients and communicate patient concerns to clinic administration as well as to share useful resources, expertise and experiences with fellow patients, clinic staff and the Network.

Do you know who your Patient Representative is?

Yes No

Would you be interested in learning more about being a Patient Representative?

Yes No

If yes, please submit your email address or daytime telephone number below and we will contact you about the Patient Representative Program.

Name

Email address

Phone number

What is your preferred way of receiving health education? (Select all that apply.)

- TV / Video
 - Health Newsletters
 - Written (paper)
 - Internet Health Websites
 - Face-to-Face (discussion)
 - Email from Healthcare Providers
 - Other (please specify)
- _____

How do you get most of your healthcare information? (Select all that apply.)

- My Doctor
- Internet
- My Dialysis Facility
- Magazines
- My Friends
- Newsletters
- Fellow Patients
- Newspapers
- Support Groups
- Encyclopedia
- Internet Sites

Would you be interested in receiving educational material from the renal network?

Yes No

If yes, what educational topics would you like more information on? (Check all that apply)

- Diabetes
 - Dialysis Labs
 - Immunizations
 - Dialysis & Sexuality
 - Transplant
 - Quality of Life
 - Dialysis Access
 - Exercise on dialysis
 - Other (please specify)
- _____

What language are you most comfortable with? (Check all that apply)

Speaking: English Spanish Russian Korean
 Reading: English Spanish Russian Korean

Please list other language preferences here: _____

Do you use the internet?

Yes No

Do you use social media?

Yes No

Are you interested in receiving dialysis and transplant information via socialmedia (e.g. Facebook)?

Yes No

Which social media platforms do you use?

Facebook

LinkedIn

Twitter

Instagram

Please provide your name and a phone number or email address that we can use to contact you if you are a \$25 gift card winner.

Name

Email address

Phone number

PLEASE FAX completed surveys to Quality Insights Renal Network 4 at **610-783-0374** by December 31, 2014 to qualify.

QIRN4 will use your feedback as we form future programs. Thank you very much for your most valued input.

Sincerely,
Quality Insights Renal Network