**2021 Kidney Health for Everyone Everywhere –** ***Living Well with Kidney Disease Questionnaire***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please state the country you reside in** |  | | | | | |
| **Age / DOB** |  | | | | | |
| **Gender** |  | | | | | |
| **Probable diagnosis** |  | | | | | |
| **Duration of disease** |  | | | | | |
| **Employment status** | **Full Time** | **Part Time** | | **Student** | | **Unemployed** |
| **Income – Please estimate in USD** |  | | | | | |
| **Source of financial support** | **Out-of-pocket** | | **Government** | | **NGO** | |
| **Other** (please state) | |  | | | |
| **Marital status** |  | | | | | |
| **Religion** |  | | | | | |

**Q1. I am a patient** With chronic kidney failure, not on renal replacement therapy [ ]  
  
 With end-stage kidney failure on   
 - In-centre Haemodialysis [ ]  
 - Home Haemodialysis [ ]  
 - Continuous Ambulatory peritoneal dialysis (CAPD) [ ]  
 - Automated peritoneal dialysis (APD) [ ]  
  
 With kidney transplantation [ ]

**Q2. My assessment of “I am living well with kidney disease”?** 1 2 3 4 5 6 7 8 9 10  
 Not well ok very well  
 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Q3. I have the following problems/ concerns which is affecting me from living well   
 with kidney disease?**

A . ***Physical***a1. Fatigue [ ]

a2. Mobility [ ]

a3. Pain [ ]

a4. Shortness of breath [ ]

a5. Poor appetite/  
 Gastrointestinal symptoms [ ]

a6. Thirsty/Fluid restriction [ ]

a7. Cramp [ ]

a8. Restless legs [ ]

a9. Pruritus (itchiness) [ ]

a10. Sleep problems [ ]

a11. Cognitive Impairment [ ]

a12. Others (please describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. **Psychological**b1. Stress [ ]

b2. Anxiety [ ]

b3. Depression [ ]

b4. Concern about when I   
 will need to start dialysis   
 (pre-dialysis) [ ]

b5. Concern about rejection   
 of the transplanted kidney   
 (Tx patient) [ ]

b6. Concern about the future [ ]

b7. Others (please describe)   
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]

C. **Life impacts**c1. Ability to work [ ]

c2. Ability to study [ ]

c3. Ability to travel [ ]

c4. Impact on family   
 and friends [ ]

c5. Financial impact [ ]

c6. Dialysis-free-time [ ]

c7. Diet restriction [ ]

c8. Lifestyle changes [ ]

c9. Social activities. [ ]

c10. Others (please describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]

**Q4. Of the items I have chosen for Question 3, the top 3 items that matters most to me   
 to live well with kidney disease are?** \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**Q5. What I can do for myself to live well with kidney disease?**

1. Take better care of myself: manage the underlying disease   
    (such as hypertension, diabetes) to prevent complications [ ]
2. Comply with medical advice, including medication [ ]
3. Comply with dialysis treatment as instructed [ ]
4. Understand my illness and treatment, take part in self-care. [ ]
5. Willing to be empowered for self-care [ ]
6. Keep fit with exercise [ ]
7. Eat smart, eat well [ ]
8. Watch body weight (not overweight, or underweight) [ ]
9. Self-reflection and sharing with others (family, friends) [ ]
10. Make plan for the future days [ ]

Others (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]

**Q6. What others can do to help me &/or what options I wish I could have   
 to live well with kidney disease?** (list up to 3 items)  
 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_