Patient Engagement

Survey

5 questions to help us make sure we are providing you more than just a treatment.

(Why the bluebird… Because he is adorable!).

1. I FEEL MY DIALYSIS STAFF CARES ABOUT ME? Yes or No
2. I TRUST MY DIALYSIS STAFF TO ALWAYS DO THE RIGHT THING FOR ME? Yes or No
3. MY DIALYSIS STAFF TAKES AN INTEREST IN MY HEALTH AND TRIES TO HELP ME UNDERSTAND THE DIALYSIS PROCESS AND OTHER MEDICAL PROBLEMS I MAY BE HAVING? Yes or No
4. I BELIEVE I CAN TALK TO THE STAFF ABOUT ANY PROBLEMS I HAVE WITHOUT FEAR OF RETALIATION? Yes or No
5. WHAT ACTIONS HAVE YOU TAKEN TO SHOW THAT YOU ARE ACTIVE IN YOUR MEDICAL DECISION MAKING? (check any that apply)
   1. \_\_\_\_ I TRY TO LEARN HOW I CAN HAVE A BETTER DIALYSIS TREATMENT
   2. \_\_\_\_ I COME TO MY DIALYSIS TREATMENTS BECAUSE I KNOW IT IS IMPORTANT

TO MY QUALITY OF LIFE

* 1. \_\_\_\_ I ASK ABOUT OTHER TYPES OF DIALYSIS THERAPIES OR TRANSPLANT
  2. \_\_\_\_ WHEN MY DIALYSIS UNIT CALLS ME, I ALWAYS ANSWER IF I CAN.
  3. \_\_\_\_ I ASK WHEN I HAVE A QUESTIONS ABOUT MY MEDICATIONS
  4. \_\_\_\_ I PARTICIPATE IN MY “PLAN OF CARE” MEETINGS
  5. \_\_\_\_ I PARTICIPATE IN UNIT PROJECTS DESIGNED TO IMPROVE MY HEALTH
  6. \_\_\_\_ I READ THE NEWSLETTERS
  7. \_\_\_\_ I COMMUNICATE WHEN I HAVE A QUESTION OR COMPLAINT

Thank you for completing our survey!

You can choose to provide it anonymously or you may sign it if you wish.