DIALYSIS PATIENT SATISFACTION QUESTIONNAIRE

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SURVEY INSTRUCTIONS

This survey asks about you and your health care related to your dialysis. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope.

- Answer all the questions by checking the box to the left of your answer, like this:

  1. ☑ Yes

- Be sure to read all the answer choices given before checking your answer.
- You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: **[Go to Question 3].** See the examples below:

1. Do you wear a hearing aid now?

(Please check one)

1☐ **Yes**
2☑ **No → Go to Question 3**

2. How long have you been wearing a hearing aid?
(Please check one)

1☐ **Less than one year**
2☐ **1 to 3 years**
3☐ **More than 3 years**
4☑ **I don't wear a hearing aid**

3. In the last 6 months, did you have any headaches?
(Please check one)

1☑ **Yes**
2☐ **No**

All information that would permit identification of any person who completes this survey will be kept strictly confidential. This information will be used only for purposes of this study and will not be disclosed or released for any other purposes without prior consent.

THANK YOU

YOUR HEALTH SERVICE COORDINATOR

You have been assigned a Health Services Coordinator (HSC) by your health plan to help coordinate your care. Her name is _____. Please rate _____.

The following questions are about your Health Services Coordinator. Use <u>any number</u> on a scale <u>from 0 to 10</u> where 0 is the Health Services Coordinator possible, and 10 is the best Health Services Coordinator possible.

1. Do you currently have a Health Services Coordinator?

1☐ Yes
2☐ No → GO TO QUESTION 4

2. In the last 4 weeks, did you see or talk to your Health Services Coordinator?

1☐ Yes
2☐ No

3. We want to know your rating of <u>your Health Services Coordinator,</u>

How would you rate your Health Services Coordinator?

(Mark an √ in one box)

Worst Possible Health Services Coordinator										Best Possible Health Services Coordinator
∇										∇
0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

TREATMENT FOR KIDNEY DISEASE

The following questions ask about health care <u>for yourself</u>.

4. We want to know your overall rating of the <u>kidney doctor you saw most often</u> in the last 6 months. Use <u>any number</u> on a scale <u>from 0 to 10</u> where 0 is the worst kidney doctor possible, and 10 is the best kidney doctor possible. How would you rate your kidney doctors in the last 6 months? (If you saw more than one doctor, please provide an average rating across the doctors.)

(Mark an √ in one box)

Worst Possible Kidney Doctor										Best Possible Kidney Doctor
∇										∇
0	1	2	3	4	5	6	7	8	9	10
❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

5. We want to know your rating of the dialysis nurse or nurses who treated you in the last 6 months.

How would you rate the dialysis nurses you saw in the last 6 months? (Please provide an average rating across the nurses you saw.)

(Mark an √ in one box)

Worst Possible Dialysis Nurse(s)										Best Possible Dialysis Nurse(s)
∇										∇
0	1	2	3	4	5	6	7	8	9	10
❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

6. What was your main dialysis therapy in the last 6 months?

1 ❑ Hemodialysis → GO TO QUESTION 8

2 ❑ Peritoneal dialysis → CONTINUE

7. How do you rate the company who provides your dialysis supplies at home?

(Mark an √ in one box)

Worst Possible Dialysis Supply Company										Best Possible Dialysis Supply Company
∇										∇
0	1	2	3	4	5	6	7	8	9	10
❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

IF YOU ARE ON PERITONEAL DIALYSIS, GO TO QUESTION 10

8. We want to know your rating of the physical environment of the dialysis facility you went to most often in the last 6 months.

By physical environment we mean the, the accessibility of the facility, the cleanliness and comfort of the dialysis room and the waiting room, the parking lot, the number of patients per staff and per machine, the length of time you have to wait for a machine, the noise level, the temperature, etc.

How would you rate the dialysis facility?

(Mark an √ in one box)

Worst Possible Dialysis Facility										Best Possible Dialysis Facility
0	1	2	3	4	5	6	7	8	9	10
❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

9. In the last 6 months, how often:

(Mark an √ in one box on each line)

	Never	Sometimes	Usually	Not Always	Applicable
a. Did staff at the dialysis clinic treat you with courtesy and respect?	❑	❑	❑	❑	❑
b. Were staff at the dialysis clinic as helpful as you thought they should be?	❑	❑	❑	❑	❑

10. In the last 6 months, how often:

(Mark an √ in one box on each line)

	Never	Sometimes	Usually	Always
a. Did staff at the kidney doctor's office treat you with courtesy and respect?	❑	❑	❑	❑
b. Were office staff at the kidney doctor's office as helpful as you thought they should be?	❑	❑	❑	❑
c. Did your kidney doctors listen carefully to you?	❑	❑	❑	❑
d. Did your nurse or nurses listen carefully to you?	❑	❑	❑	❑
e. Did your kidney doctors explain things in a way you could understand?	❑	❑	❑	❑
f. Did your nurse or nurses explain things in a way you could understand?	❑	❑	❑	❑
g. Did your kidney doctors show respect for what you had to say?	❑	❑	❑	❑
h. Did your nurse or nurses show respect for what you had to say?	❑	❑	❑	❑
I. Did your kidney doctors spend enough time with you?	❑	❑	❑	❑
j. Did your nurse spend enough time with you?	❑	❑	❑	❑

YOUR PRIMARY CARE DOCTOR

11. A primary care doctor is a health care professional who provides general medical care (e.g., general physical exams or checkups). This can be a general doctor or a specialist doctor including your kidney doctor.

Do you have one person you think of as your primary care doctor?

1☐ Yes
2☐ No → GO TO QUESTION 15

12. What kind of doctor is your primary care doctor?

1☐ Family doctor, internal medicine, or general doctor

2☐ Nephrologist or kidney doctor → GO TO QUESTION 15

3☐ Other (specify: _____)

13. In the last 6 months, did you see your primary care doctor?

1☐ Yes
2☐ No

14. We want to know your overall rating of your primary care doctor.

How would you rate your primary care doctor now?

(Mark an √ in one box)

Worst Possible Primary Care Doctor										Best Possible Primary Care Doctor
∇										∇
0	1	2	3	4	5	6	7	8	9	10
❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

GETTING HEALTH CARE FROM A SPECIALIST

15. The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, psychiatrists, allergy doctors, skin doctors, and others who specialize in one area of health care. Do not include your kidney doctor in your answers.

In the last 6 months, how often did you see a specialist when you thought you needed one?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
5 ☐ I didn't need to see a specialist in the last 6 months. → GO TO QUESTION 19

16. In the last 6 months, what type of specialist did you see the most often? (Check one)

1 ☐ Allergist (Allergies)
2 ☐ Cardiologist (Chest and Heart)
3 ☐ Chiropractor (Body adjustment)
4 ☐ Dermatologist (Skin)
5 ☐ Endocrinologist (Glands/Diabetes)
6 ☐ Gastroenterologist (Digestive)
7 ☐ Neurologist (Brain)
8 ☐ Obstetrics/Gynecology (OB/GYN)
9 ☐ Oncologist (Cancer)
10 ☐ Ophthalmologist (Eyes)
11 ☐ Orthopedist (Bone)
12 ☐ Otolaryngologist (Ear/Nose/Throat or ENT)
13 ☐ Plastic Surgeon
14 ☐ Pulmonary Disease Doctor (Lungs)
15 ☐ Radiologist (X-ray)
16 ☐ Surgeon
17 ☐ Urologist (Urinary tract)
18 ☐ Other (specify) _____

17. **In the last 6 months, in order to see a specialist did you ever need to get a referral, that is approval or permission, from another doctor?**

1☐ Yes

2☐ No → GO TO QUESTION 19

18. **In the last 6 months, was it always easy to get a referral when you needed one?**

1☐ Yes

2☐ No

3☐ I didn't need to see a specialist in the last 6 months or I didn't need a referral in the last 6 months.

YOUR HEALTH CARE IN THE LAST 6 MONTHS

The next questions ask about your appointments with health professionals. Include any care you have received, including care for your kidney disease. Do not include dialysis treatment in your answers.

19. **A health professional could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, dietitian or anyone else you would see for health care.**

20. **In the last 6 months, did you try to see a doctor or other health professional right away to get care for an illness or injury?**

1☐ Yes 2☐ No → Go to Question 24

20. **In the last 6 months, when you tried to be seen for an illness or injury, how often did you see a doctor or other health professional as soon as you wanted?**

1☐ Never

2☐ Sometimes

3☐ Usually

4☐ Always

5☐ I haven't tried to get care right away in the last 6 months.

21. In the last 6 months, did you <u>try</u> to make any appointments with a doctor or other health professional for <u>regular</u> health care?

1 ☐ Yes

2 ☐ No → Go to Question 24

22. In the last 6 months, when you needed <u>regular or routine</u> health care, how often did you get an appointment as soon as you wanted?

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

5 ☐ I haven't tried to get an appointment for regular or routine care in the last 6 months.

23. We want to know your overall rating of all your health care in the last 6 months from <u>all doctors and other health professionals</u>.

How would you rate all your health care?

(Mark an √ in one box)

Worst Possible Health Care ∇ — Best Possible Health Care ∇

0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10 ❑

11 ❑ I had no visits to a health care professional in the last 6 months.

24. Do you have a social worker?

1 ☐ Yes

2 ☐ No → GO TO QUESTION 27

25. In the last 6 months, did you see or talk to your social worker?

1 ☐ Yes

2 ☐ No

26. We want to know your rating of <u>your social worker.</u>

How would you rate your social worker?

(Mark an √ in one box)

Worst Possible Social Worker										Best Possible Social Worker
0	1	2	3	4	5	6	7	8	9	10
❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

<u>YOUR HEALTH INSURANCE PLAN</u>

The next questions ask about your experience with your <u>health insurance plan</u> in the last 6 months.

27. What primary health plan are you currently covered by? *(Check only one)*

- ☐ 0 AETNA
- ☐ 1 CIGNA
- ☐ 2 HUMANA
- ☐ 3 KAISER
- ☐ 4 NYLCARE
- ☐ 5 OXFORD
- ☐ 6 MEDICARE
- ☐ 7 OTHER (Please write in the name)_____

28. Is this the health insurance plan that you use for <u>all or most</u> of your health care?

1☐Yes 2☐No

29. How many months or years <u>in a row</u> have you been covered by your current health insurance plan?

- 1☐ Less than 6 months
- 2☐ 6 to 11 months
- 3☐ 12 to 23 months
- 4☐ 2 to 5 years
- 5☐ 5 to 10 years
- 6☐ More than 10 years

30. We want to know your rating of all your experience with <u>your health insurance plan</u>.

How would you rate your health insurance plan <u>now</u>?

(Mark an √ in one box)

Worst Possible Health Insurance Plan										Best Possible Health Insurance Plan
0	1	2	3	4	5	6	7	8	9	10
❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

31. Would you.....

	Definitely Not	Probably Not	Not Sure	Probably Yes	Definitely Yes
Recommend your health insurance plan to other family member or friends if they had a choice of getting care wherever they wanted to?	❑	❑	❑	❑	❑
Sign up for the plan you have now, if you were given a choice of health insurance plans today?	❑	❑	❑	❑	❑

ABOUT YOU

32. <u>In the last 12 months</u>, have you been a patient in a hospital overnight or longer?

1 ❑ Yes
2 ❑ No

33. In general, how would you rate <u>your overall health</u> now?

1 ❑ Excellent
2 ❑ Very good
3 ❑ Good
4 ❑ Fair
5 ❑ Poor

34. What is your age now?

1☐ 18 to 24
2☐ 25 to 34
3☐ 35 to 44
4☐ 45 to 54
5☐ 55 to 64
6☐ 65 to 74
7☐ 75 or older

35. Are you male or female?

1☐Male 2☐Female

36. What is the highest grade or level of school you have <u>completed</u>?

1☐ 8th grade or less
2☐ Some high school, but did not graduate
3☐ High school graduate or GED
4☐ Some college or 2-year degree
5☐ 4-year college degree
6☐ More than 4-year college degree

37. Are you of Hispanic or Spanish family background?

1☐ Yes
2☐ No

38. How would you describe your race? (Check all that apply)

1☐ American Indian or Alaskan Native
2☐ Asian
3☐ Black or African-American
4☐ Native Hawaiian or Pacific Islander
5☐ White
6☐ Other (Please print) _____

39. What language do you <u>mainly</u> speak at home?

1☐ English
2☐ Spanish
3☐ Some other language *(write in)* _____

40. Did someone help you complete this survey?

1☐ Yes → Go to Question 42
2☐ No → Please return the survey

41. How did that person help you?

1☐ Read you the questions and/or wrote down the answers you gave.
2☐ Translated the questions into your language.
3☐ Decided what the answers should be and marked them.

42. Please write in any comments below about the dialysis care you've received.

_____

_____

_____

THE END

Please return your completed survey in the enclosed postage-paid envelope

THANK YOU