Patient Interest Checklist #1
End-stage Renal Disease

Name_________________________________________ Date ___________

I would like to know more about...

My medical condition:

☐ What do healthy kidneys do?
☐ How do kidneys control blood pressure?
☐ Why did my kidneys fail, and will they ever recover?
☐ What is anemia, and how can it be treated?
☐ What kinds of problems can my disease cause for me later on?
☐ What is hemodialysis, and can it work for me?
☐ What is peritoneal dialysis, and can it work for me?
☐ What is a cycler, and can it work for me?
☐ What is a vascular access, and why might I need one?
☐ How can I do dialysis at home?
☐ What is a kidney transplant, and can it work for me?
☐ What happens to me if I choose no treatment?
☐ Will I still be able to take my usual medicines and vitamins?
☐ Will I feel different after I start treatment?
☐ What can I do to stay as healthy as possible?
☐ How do I decide which treatment is right for me?

My relationships with family and friends:

☐ How can my family and I make it through this health change?
☐ Can kidney failure and treatment affect my sex life?
☐ Will I still be able to father/bear children?
☐ What should I tell my family and friends about my condition?

My work/school/insurance:

☐ How much will my treatment cost, and how will I pay for it?
☐ What is Medicare, and how can it help me?
☐ When I start treatment, will I be able to do my usual activities?
☐ Can dialysis be scheduled around my work/school hours?
☐ How might kidney disease affect my employment or schooling?
☐ Should I tell my employer about my kidney disease?
☐ Who can help me with insurance or work/school questions?

My eating:

☐ Can bad eating habits cause kidney failure? Did they cause mine?
☐ How can eating less of certain foods help me stay healthier?
☐ When will my appetite get better?
☐ Why does everything I eat taste strange to me?
☐ Who can help me with questions about what to eat or drink?
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**My future:**
- [ ] How can I still have a long life with kidney failure?
- [ ] What kinds of health changes can I expect in the future?
- [ ] What can I do to have a happy life?
- [ ] Should I change my long-term plans?

**My feelings:**
- [ ] Do most people with kidney failure feel the way I do?
- [ ] What can I do to help myself feel better and increase my energy?
- [ ] How will my body look different after I start treatment?
- [ ] Will I ever feel less _________ than I do now?
- [ ] Will I ever feel more _________ than I do now?
- [ ] Who can I talk to if I feel angry, sad, or depressed?

**My responsibilities:**
- [ ] What will be my role in my treatment?
- [ ] What will be my role in my blood pressure control?
- [ ] What will happen to my health if I drink or smoke?
- [ ] Why should I avoid drugs not prescribed for me?

**My lifestyle and everyday activities:**
- [ ] How can I find a safe/accessible place to live?
- [ ] How will I get to my treatments and back?
- [ ] Will I still be able to drive a car?
- [ ] What can I do to sleep better than I do now?
- [ ] Why is exercise important for me?
- [ ] What kinds of exercise can I do safely?

**My relationships with staff:**
- [ ] Who are the people who will help me with my treatments?
- [ ] Who is the best person to talk to about _________?

**Other:**
- [ ] Right now, I am most concerned about ____________________________