

Patient Life Goals Survey

Please tell us about yourself by completing the information below:

Today's Date (MM/DD/YYYY):

Legal First Name:

Legal Last Name:

Date of Birth (MM/DD/YYYY):

Enter name of your dialysis facility (from the cover sheet):

Enter the location of your dialysis facility (from the cover sheet):

City_____ State_____

Enter the CCN of your dialysis facility (from the cover sheet):

CCN# _____

Highest Level of Education Completed:

- ☐ Some high school, but did not graduate ☐ High school graduate or GED
- ☐ Some college or 2-year degree ☐ 4-year college degree
- ☐ Master's degree or higher ☐ Do not wish to report

This survey asks you about your life goals and dialysis facility care team. Life goals are personal goals that you think are important to achieve. This may include having the ability to work, go to school, travel, or spend time with family. Please answer the following questions with regard to your current dialysis facility care team. Your care team includes your kidney doctor, nurse, social worker, dietician, and patient care technician. Your name will not be associated with your survey results.

This survey asks questions about what YOU feel and believe. Please answer the following questions based on how YOU feel and what you believe.

1. My most important life goals are (check all that apply):

☐ Being able to work

☐ Spending time with family and friends

☐ To have my independence

☐ Watching my children or grandchildren grow up

☐ To take care of my family

☐ Spending time on hobbies and other activities

☐ To feel like a regular person, not a person on dialysis

☐ To travel

☐ Other _____

☐ Prefer not to answer

1. My most important life goals are (check all that apply):

	Strongly Disagree	Disagree	Neither Disagree/Agree	Agree	Strongly Agree
a. At least one member of my care team knows about my life goals.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. I believe it is important at least one member of my care team talks with me about my life goals.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. My treatment plan is consistent with my life goals.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

3. Answer each item by marking one box only in each row.

	Never	Rarely	Sometimes	Usually	Always
a. At least one member of my care team talks with me about my life goals.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. I feel comfortable discussing changes in my life goals with at least one member of my care team.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. At least one member of my care team helps me meet my life goals.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

4. My _____ has talked with me about my life goals (Check all that apply below)

☐ Nurse

☐ Kidney doctor

☐ Social worker

☐ Patient care technician

☐ Dietician

☐ No one on my care team

☐ Other _____

**Did YOU (study participant) have help in completing this survey?
(Select All That Apply)**

☐ No, I completed the survey on my own

☐ My caregiver (family member, friend) helped explain questions to me

☐ My caregiver (family member, friend) helped me answer questions by reminding me of important information

☐ My caregiver (family member, friend) helped by suggesting answers for me

Thank you for completing this survey!

☐ **Please check the box if you agree to be contacted by us in the future about taking additional surveys.**

Email Address: _____