Home Based Dialysis Questionnaire

**Home and Lifestyle**
Where do you live? ____________________________
Do you own your home?
- Yes
- No  I rent
- I do not have stable housing
What is the approximate size of your home?
- Small studio
- 1 bedroom apartment or suite
- 2-3 bedroom apartment or suite
- House with 2 or more bedrooms

**Work**
Do you work or attend school?
- Yes
- No
If yes what type of work or school program are you in__________________________
What are your hours of work/school? __________

**Water and sewage**
Is your water supply from a
- City water supply
- Well
- Other source or not sure
Is your water supply metered?
- Yes ___
- No or not sure
How is your sewage system managed?
- City
- Septic
- Other ________________

**Social support**
Does anyone live with you?
- Yes, I live with_____________________
- No
Who can you count on for support?____________
Do you have a pet?
- Yes, I have a________
- No
Do you manage your own cooking, cleaning and bathing?
- Yes
- No  I need help from_____________________

**Travel/Leisure**
Do you travel?
- Yes, if yes where and how do you typically travel?__________________________
- No
What do you do for recreation__________________

Do you use a home computer?
- Yes
- No

Do you drink alcohol?
- Yes, I drink_____(number) of drinks per week
- No

Do you use recreational drugs?
- Yes, I use (type)________________
- No

**Medical**
Do you manage your own medication?
- Yes
- No  _________ helps me

Other than your kidney disease do you have medical or social issues you are concerned about?______________________________
_________________________________________
_________________________________________
_________________________________________