**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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End-stage Renal Disease

I would like to know more about...

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 ____________

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Staff:
Initial and date when information is provided

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