My Treatment

- ☐ How is my dialysis treatment plan decided?
- ☐ Am I getting enough dialysis? What signs should I look for?
- □ What type of medication will I have to take? What do the medications do to help me?
- ☐ If I'm afraid of needles, what can I do to help with the pain?
- How much does dialysis cost and who will pay for it?

My Diet

- ☐ What is a renal diet? Why is it important for me to follow?
- ☐ How will dialysis change what I can eat and drink?
- ☐ Will what I am able to eat and drink depend on the kind of treatment I choose?
- ☐ What can I do to limit the amount of fluid I take into my body daily?
- ☐ Will I still be able to go out to restaurants?
- ☐ Where can I find kidney friendly recipes?

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My Care Team

- □ What does each member of my care team do?
- ☐ What can my care partner or family do to help?
- ☐ How do I contact my care team when I need them?
- ☐ How can I best take part in my care?
- What is a plan of care meeting and what happens during it?
- ☐ Why would it be helpful for me to attend my plan of care meetings?
- ☐ What can I do if I think a member of my care team is not doing their job well or is not caring about my needs?
- ☐ What can I do if I don't feel safe or comfortable at my dialysis clinic?

To file a grievance, patients may contact:

Qsource ESRD Network 10 911 E. 86th Street, Suite 30 Indianapolis, IN 46240 (800) 456-6919

Qsource ESRD Network 12 2300 Main St., Suite 900 Kansas City, MO 64108 (800) 444-9965



New Patients Questions and Goals

The Questions and Goals brochure was made for you to use when meeting with any member of your dialysis care team. Choose the questions that you would like to talk about. Asking questions and sharing your concerns with your care team will help you to work together to set goals and make a plan so you can live the best life possible on dialysis.





- □ What can I do to make it easier to fit dialysis into my life?
- ☐ What lifestyle changes can I make to be as healthy as possible?
- □ How can dialysis impact my mood and quality of life? Who can I talk to about this?
- □ Is it nomral for me to feel down, depressed, or hopeless?
- ☐ How will kidney disease affect my sex life?
- ☐ Will my kidney disease keep me from having a normal life, including work and social activities?
- ☐ What do I need to do to go back to work or to continue working?
- □ Can I still travel? How do I plan for it?
- Is there another patient that I can talk to about coping with dialysis?

My Kidneys

- □ What do my kidneys do?
- □ What caused my kidneys to stop working? Will they get better?
- ☐ What other problems might I have now or in the future because of my kidney disease?
- Why is blood pressure so important?

My Treatment Choices

- What is dialysis and how does it help a patient with kidney failure?
- ☐ What are the advantages and disadvantages of:
 - ☐ Hemodialysis (in-center, home, and nocturnal)
 - Peritoneal dialysis (manual and cycler)
 - ☐ Kidney transplant
- ☐ Which treatment(s) may be best for me with my medical status and lifestyle?
- ☐ What do I need to do if I want to do dialysis at home?
- ☐ Can I try hemodialysis for awhile and decide later to try another type of treatment to see what is the best choice for me?
- ☐ What is a fistula? What are the benefits of having one?
- ☐ How do I get a kidney transplant?
- □ What happens if I decide I want to stop dialysis?
- □ What can I do to make sure my wishes about future medical care are known?
- ☐ Who can help me with my advanced care planning?

| My question is: | |
|-----------------|--|
| | |

My Health

| | I have had the following problems keeping me from living my life like I want: | |
|---|---|--|
| | | |
| | | |
| | | dizziness |
| | | itchy/dry skin |
| | | pain |
| | | sick to stomach/vomiting |
| | | shortness of breath |
| | | swelling |
| | | decreased sexual functioning |
| | | metallic taste in my mouth |
| | | 3 - 1 7 |
| | | nervous |
| | | no energy/wiped out |
| | | no appetite |
| | | . 3 |
| _ | | personal appearance concerns an you tell me why I might be |
| | | eling this way? |
| П | | order to feel better, I would like to |
| | address my problems by: | |
| | | |
| | | meeting |
| | | talking with my dietitian/social |
| | | worker/nurse (circle which one) |
| | | making an appointment to see |
| | | my nephrologist |
| | | other: |
| | | |