

## Peer Support Interest Survey

Please take a few minutes to share your interest in talking to other dialysis patients who can share their experiences with you.

### Are you interested in joining a support group?

- Yes  
 No

### What type of peer support would you be interested in?

Please mark by order of preference (1 = most preferred, 5 = least preferred).

- \_\_\_\_\_ Meeting 1:1 with a peer mentor  
\_\_\_\_\_ Traditional support group  
\_\_\_\_\_ Patient Advisory group  
\_\_\_\_\_ New Patient Adjustment group  
\_\_\_\_\_ On-line support group  
\_\_\_\_\_ Support Group conference call  
\_\_\_\_\_ Other \_\_\_\_\_

### Where would you like to have the support group?

- At the dialysis center       Online  
 In the community       Other \_\_\_\_\_  
 On the phone

### What would your ideal support group look like?

- An informal get together to socialize and network with other patients, family, and caregivers  
 A more structured, regular meeting for patients and caregivers to discuss specific topics of interest or attend educational seminars/workshops with guest speakers (MD, SW, RN etc.)  
 An online support group using social media or other web tools  
 A blend of all of the above  
 Other \_\_\_\_\_

### How often would you like to meet as a group?

- Once per week       Once per month  
 Once every other week       Other \_\_\_\_\_

## When would you prefer to meet as a group?

### Day

- Weekdays  
 Weekends

### Time

- Early Morning     Evening  
 Mid-morning     Other \_\_\_\_\_  
 Afternoon

## Are you interested in attending a family support group?

- Yes  
 No

## Please rank the following choices about what would be important to you in attending a family support group?

	Not Very Important	Somewhat Important	Very Important
Information on support services available in your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational seminars/workshops on specific topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to or information about dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building connections with other patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Additional topics you may be interested in:

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For more information or to file a grievance, please contact:

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