

Questionnaire for other patients who were receiving dialysis at the same time of the event

Patient chair #: ____ Shift: ____ on regular dialysis schedule
Patient chair #: ____ Shift: ____ on the event date (if different)

What do you remember occurred during the event?

Did you notice anything unusual about patient X during several days before the event?

Did you notice anything unusual about patient X on that day before the event?

Did you notice any recent changes at the facility?

Ask the following:

- New medications?
- New equipment?
- New ways of doing things before or during dialysis?
- New staff (any staff, including service and house keeping)

What did they do when the event happened?

Did you have any symptoms on that day during dialysis, such as shortness of breath, faint, anxious, itching, rash...)? Yes/No

If Yes, what were they and when did they occur?
