

OMB #: 0938-0926
Expiration Date: XXX

Medicare In-Center Hemodialysis Survey

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0926. This information collection produces comparable data from dialysis facilities to help individuals choose a facility and improve care. The time required to complete this information collection is estimated to average less than 12 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory for qualifying dialysis facilities under 42 CFR §413.178(c)(iii) to meet program requirements and voluntary for survey respondents. Confidentiality is assured under 5 U.S.C. 552a (Privacy Act of 1974). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

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Survey Instructions

This survey is about your experiences with dialysis care at [SAMPLE FACILITY NAME].

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

¹ ☐ Yes

² ☒ No → **If No, Go to Question 25**

1. **Where do you get your dialysis treatments?**
- ☐ At home or at a skilled nursing home where I live → **If At home or at a skilled nursing home where I live, Go to Question 32**
- ☐ At the dialysis center
- ☐ I do not currently receive dialysis → **If I do not currently receive dialysis, Go to Question 32**

2. **How long have you been getting dialysis at [SAMPLE FACILITY NAME]?**
- ☐ Less than 3 months → **If Less than 3 months, Go to Question 32**
- ☐ At least 3 months but less than 1 year
- ☐ At least 1 year but less than 5 years
- ☐ 5 years or more
- ☐ I do not currently receive dialysis at this dialysis center → **If I do not currently receive dialysis at this dialysis center, Go to Question 32**

THE DIALYSIS CENTER STAFF

For the next questions, dialysis center staff does *not* include doctors. Dialysis center staff means nurses, technicians, dietitians, and social workers at this dialysis center.

3. **In the last 3 months, how often did the dialysis center staff listen carefully to you?**
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

4. **In the last 3 months, how often did the dialysis center staff explain things in a way that was easy for you to understand?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

5. **In the last 3 months, how often did the dialysis center staff show respect for what you had to say?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

6. **In the last 3 months, how often did the dialysis center staff spend enough time with you?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

7. **In the last 3 months, how often did dialysis center staff make you as comfortable as possible during dialysis?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

8. **In the last 3 months, did you feel comfortable asking the dialysis center staff everything you wanted about dialysis care?**

- ☐ Yes
- ☐ No

9. The dialysis center staff can connect you to the dialysis machine through a graft, fistula, or catheter. Do you know how to take care of your graft, fistula, or catheter?

- 1 ☐ Yes
2 ☐ No

10. In the last 3 months, which one did they use most often to connect you to the dialysis machine?

- 1 ☐ Graft
2 ☐ Fistula
3 ☐ Catheter
4 ☐ I don't know

11. In the last 3 months, how often did dialysis center staff check you as closely as you wanted while you were on the dialysis machine?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

12. In the last 3 months, did any problems occur during your dialysis?

- 1 ☐ Yes
2 ☐ No → If No, Go to Question 14

13. In the last 3 months, how often was the dialysis center staff able to manage problems during your dialysis?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

14. In the last 3 months, how often did dialysis center staff behave in a professional manner?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

Please remember that for these questions, dialysis center staff does *not* include doctors. Dialysis center staff means nurses, technicians, dietitians, and social workers at this dialysis center.

15. In the last 3 months, how often did dialysis center staff explain blood test results in a way that was easy to understand?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

16. As a patient you have certain rights. For example, you have the right to be treated with respect and the right to privacy. Did this dialysis center ever give you any written information about your rights as a patient?

- 1 ☐ Yes
2 ☐ No

17. Did dialysis center staff at this center ever review your rights as a patient with you?

- 1 ☐ Yes
2 ☐ No

18. Has dialysis center staff ever told you what to do if you experience a health problem at home?

- 1 ☐ Yes
2 ☐ No

19. Has any dialysis center staff ever told you how to get off the machine if there is an emergency at the center?

- 1 ☐ Yes
2 ☐ No

20. Using any number from 0 to 10, where 0 is the worst dialysis center staff possible and 10 is the best dialysis center staff possible, what number would you use to rate your dialysis center staff?

- 0 ☐ 0 Worst dialysis center staff possible
1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10 Best dialysis center staff possible

THE DIALYSIS CENTER

21. In the last 3 months, when you arrived on time, how often did you get put on the dialysis machine within 15 minutes of your appointment or shift time?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

22. In the last 3 months, how often was the dialysis center as clean as it could be?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

23. Using any number from 0 to 10, where 0 is the worst dialysis center possible and 10 is the best dialysis center possible, what number would you use to rate this dialysis center?

- 0 ☐ 0 Worst dialysis center possible
1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10 Best dialysis center possible

TREATMENT

The next few questions ask about your care in the last 12 months. As you answer these questions, think only about your experience at [SAMPLE FACILITY NAME], even if you have not been receiving care there for the entire 12 months.

24. You can treat kidney disease with dialysis at a center, a kidney transplant, or with dialysis at home. In the last 12 months, did your kidney doctors or dialysis center staff talk to you as much as you wanted about which treatment is right for you?

- 1 ☐ Yes
2 ☐ No

- 25. Are you eligible for a kidney transplant?**
- 1 ☐ Yes → **If Yes, Go to Question 27**
- 2 ☐ No
- 3 ☐ I don't know → **If Don't Know, Go to Question 27**
- 26. In the last 12 months, has a doctor or dialysis center staff explained to you why you are not eligible for a kidney transplant?**
- 1 ☐ Yes
- 2 ☐ No
- 27. Peritoneal dialysis is dialysis given through the belly and is usually done at home. In the last 12 months, did either your kidney doctors or dialysis center staff talk to you about peritoneal dialysis?**
- 1 ☐ Yes
- 2 ☐ No
- 28. In the last 12 months, were you as involved as much as you wanted in choosing the treatment for kidney disease that is right for you?**
- 1 ☐ Yes
- 2 ☐ No
- 29. In the last 12 months, were you ever unhappy with the care you received at the dialysis center or from your kidney doctors?**
- 1 ☐ Yes
- 2 ☐ No → **If No, Go to Question 32**
- 30. In the last 12 months, did you ever talk to someone on the dialysis center staff about this?**
- 1 ☐ Yes
- 2 ☐ No → **If No, Go to Question 32**

- 31. In the last 12 months, how often were you satisfied with the way they handled these problems?**

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

ABOUT YOU

- 32. In general, how would you rate your overall health?**

- 1 ☐ Excellent
- 2 ☐ Very good
- 3 ☐ Good
- 4 ☐ Fair
- 5 ☐ Poor

- 33. In general, how would you rate your overall mental or emotional health?**

- 1 ☐ Excellent
- 2 ☐ Very good
- 3 ☐ Good
- 4 ☐ Fair
- 5 ☐ Poor

- 34. What is the highest grade or level of school that you have completed?**

- 1 ☐ No formal education
- 2 ☐ 5th grade or less
- 3 ☐ 6th, 7th, or 8th grade
- 4 ☐ Some high school, but did not graduate
- 5 ☐ High school graduate or GED
- 6 ☐ Some college or 2-year degree
- 7 ☐ 4-year college graduate
- 8 ☐ More than 4-year college degree

35. What language do you mainly speak at home? Please mark only one response.

- 1 ☐ English
- 2 ☐ Spanish
- 3 ☐ Chinese
- 4 ☐ Samoan
- 5 ☐ Russian
- 6 ☐ Vietnamese
- 7 ☐ Portuguese
- 8 ☐ Some other language (please identify):

36. What is your race or ethnicity? Please mark one or more.

- 1 ☐ American Indian or Alaska Native
- 2 ☐ Asian
- 3 ☐ Black or African American
- 4 ☐ Hispanic or Latino
- 5 ☐ Middle Eastern or North African
- 6 ☐ Native Hawaiian or Pacific Islander
- 7 ☐ White

HELP

37. Did someone help you complete this survey?

- 1 ☐ Yes
- 2 ☐ No → **Thank you. Please return the completed survey in the postage-paid envelope.**

38. How did that person help you? Please mark one or more.

- 1 ☐ Read the questions to me
- 2 ☐ Wrote down the answers I gave
- 3 ☐ Answered the questions for me
- 4 ☐ Translated the questions into my language
- 5 ☐ Helped in some other way (please print):

Thank you. Please return the survey in the enclosed envelope to:

DIALYSIS SURVEY

Address

City, State, Zip