OMB #: 0938-0926
Expiration Date: XXX

Medicare In-Center and Home Dialysis 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 11 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 C4-26-05, Baltimore, Maryland 21244-1850. ******CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact** ICHCAHPS@cms.hhs.gov**.**

Survey Instructions

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***

This survey is about your experiences with dialysis care through [SAMPLE FACILITY NAME]. When answering each question, please think about this dialysis center that supports your dialysis care, whether that is in a dialysis center (in-center hemodialysis) or in your home (home hemodialysis or peritoneal dialysis [PD]).

1. What type of dialysis do you currently receive most often? *Please mark only one response.*

1 ☐ In-center hemodialysis
2 ☐ Home hemodialysis
3 ☐ Peritoneal dialysis (PD)
4 ☐ Any type of dialysis at a skilled nursing home where I live → ***If Any type of dialysis at a skilled nursing home where I live, Go to Question 35***
5 ☐ I do not currently receive any type of dialysis → ***If I do not currently receive any type of dialysis, Go to Question 35***

2. How long have you been getting dialysis through [SAMPLE FACILITY NAME]?

1 ☐ Less than 3 months → ***If Less than 3 months, Go to Question 35***
2 ☐ At least 3 months but less than 1 year
3 ☐ At least 1 year but less than 5 years
4 ☐ 5 years or more
5 ☐ I do not currently receive dialysis through this dialysis center → ***If I do not currently receive dialysis through this dialysis center, Go to Question 35***

THE DIALYSIS CENTER STAFF

The next questions ask about your interactions with dialysis center staff such as nurses, technicians, dietitians, and social workers. For these questions, dialysis center staff does *not* include doctors, Nurse Practitioners (NPs), or Physician Assistants (PAs).

3. In the last 3 months, how often did the dialysis center staff listen carefully to you?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ 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?

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

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

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

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

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

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

1 ☐ Yes
2 ☐ No

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

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

9. 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

10. You can receive hemodialysis through a graft, fistula, or catheter and peritoneal dialysis (PD) through a PD catheter. In the last 3 months, which one was used most often for your dialysis?

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

11. Do you know how to take care of your graft, fistula, catheter, or PD catheter?

1 ☐ Yes
2 ☐ No

12. 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

13. Did dialysis center staff ever review your rights as a patient with you?

1 ☐ Yes
2 ☐ No

14. Did dialysis center staff ever tell you what to do if you experience a health problem at home?

1 ☐ Yes
2 ☐ No

15. Did dialysis center staff ever tell you how to get off the dialysis machine if there is an emergency during dialysis, either at the center or at home?

1 ☐ Yes
2 ☐ No

16. 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



If you receive home hemodialysis or home peritoneal dialysis (PD) → *Go to Question 23*

If you receive in-center hemodialysis → *Continue to Question 17*

IN-CENTER HEMODIALYSIS

Answer Questions 17-22 if you receive IN-CENTER HEMODIALYSIS.

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

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
5 ☐ I receive dialysis at home → ***If you receive dialysis at home, Go to Question 23***

18. 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

19. 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

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

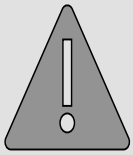
1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

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

1 ☐ Yes
2 ☐ No → ***If No, Go to Question 26***

22. 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



If you receive in-center hemodialysis, after answering Question 22 → *Go to Question 26*

HOME DIALYSIS

Answer Questions 23-25 if you receive HOME DIALYSIS (hemodialysis or PD).

23. In the last 3 months, when you had problems with your *home dialysis equipment*, how often did dialysis center staff help you solve them?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
5 ☐ I did not have any problems with my dialysis equipment
6 ☐ I had a problem with my dialysis equipment but did not need dialysis center staff help

24. In the last 3 months, when you had problems *receiving supplies* for your home dialysis, how often did dialysis center staff help you solve them?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
5 ☐ I did not have any problems receiving dialysis supplies
6 ☐ I had a problem receiving dialysis supplies but did not need dialysis center staff help

25. Think about any other problems you had with your home dialysis, not including problems with your equipment or receiving supplies. In the last 3 months, when you had *any other problems* with your home dialysis, how often did dialysis center staff help you solve them?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
5 ☐ I did not have any other problems
6 ☐ I had other problems but did not need dialysis center staff help

THE DIALYSIS CENTER

Answer Question 26 if you receive IN-CENTER HEMODIALYSIS or HOME DIALYSIS (hemodialysis or PD).

26. 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 with [SAMPLE FACILITY NAME], even if you have not been receiving care through them for the entire 12 months.

27. Kidney disease can be treated with dialysis at a center, with dialysis at home, or with a kidney transplant. In the last 12 months, did your kidney doctors, Nurse Practitioners (NPs), Physician Assistants (PAs), or dialysis center staff talk to you as much as you wanted about which treatment is right for you?

1 ☐ Yes
2 ☐ No

28. Are you eligible for a kidney transplant?

1 ☐ Yes → ***If Yes, Go to Question 30***
2 ☐ No
3 ☐ I don't know → ***If I don't know, Go to Question 30***

29. In the last 12 months, have your kidney doctors, NPs, PAs, or dialysis center staff explained to you why you are not eligible for a kidney transplant?

1 ☐ Yes
2 ☐ No

30. In the last 12 months, did your kidney doctors, NPs, PAs, or dialysis center staff give your family/friends information about your care or treatment plan if you asked them to?

1 ☐ Yes
2 ☐ No
3 ☐ I did not ask them to in the last 12 months

31. In the last 12 months, were you ever unhappy with the care you received through the dialysis center?

1 ☐ Yes
2 ☐ No → ***If No, Go to Question 34***

32. In the last 12 months, did you ever talk to your kidney doctors, NPs, PAs, or the dialysis center staff about this?

1 ☐ Yes
2 ☐ No → ***If No, Go to Question 34***

33. In the last 12 months, how often were you satisfied with the way they handled your concerns?

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

34. In the last 12 months, if you receive in-center hemodialysis, did your kidney doctors, NPs, PAs, or dialysis center staff talk with you about home hemodialysis or peritoneal dialysis (PD)?

1 ☐ Yes
2 ☐ No
3 ☐ I do not receive in-center hemodialysis

ABOUT YOU

35. In general, how would you rate your overall health?

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

36. In general, how would you rate your overall mental or emotional health?

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

37. 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

38. 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*): _____

39. 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

40. Did someone help you complete this survey?

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

41. 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 specify*):_____

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

DIALYSIS SURVEY
C/O RTI International
ATTENTION: Data Capture (38031)
3040 Cornwallis Road
Durham, NC 27713