



Thank you for taking some time to answer a few questions about the 2018 MY KIDNEY CALENDAR and if it has helped you to be more engaged in your own healthcare.

1. **Since receiving the 2018 MY KIDNEY CALENDAR I have...** (Please mark all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Used it in my home | <input type="checkbox"/> Looked at the MY KIDNEY KIT for more information on the topic of the month |
| <input type="checkbox"/> Read the entire calendar's information | <input type="checkbox"/> Shared information with someone else (family members, other patients, friends) |
| <input type="checkbox"/> Used one of the "tips of the week" | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Set a goal | _____ |
| <input type="checkbox"/> Asked for more information on a topic or tip from dialysis clinic staff | |

2. Please mark your answer to the following statements.

"Since, January 2018, because of the MY KIDNEY CALENDAR ..."

| | | | | | |
|--|---|---|---|--|---|
| I have been more active in my dialysis treatment. | Strongly Agree <input type="checkbox"/> | Agree <input type="checkbox"/> | Neutral <input type="checkbox"/> | Disagree <input type="checkbox"/> | Strongly Disagree <input type="checkbox"/> |
| I have talked with the dialysis staff about my care. | more than 5 times a month <input type="checkbox"/> | 4-5 times a month <input type="checkbox"/> | 2-3 times a month <input type="checkbox"/> | 1 time a month <input type="checkbox"/> | 0 times a month <input type="checkbox"/> |
| I have asked for more information to help me make decisions for my health. | more than 5 times a month <input type="checkbox"/> | 4-5 times a month <input type="checkbox"/> | 2-3 times a month <input type="checkbox"/> | 1 time a month <input type="checkbox"/> | 0 times a month <input type="checkbox"/> |
| I have asked questions to help me make decisions for my health. | more than 5 times a month <input type="checkbox"/> | 4-5 times a month <input type="checkbox"/> | 2-3 times a month <input type="checkbox"/> | 1 time a month <input type="checkbox"/> | 0 times a month <input type="checkbox"/> |
| I know more about my health. | Strongly Agree <input type="checkbox"/> | Agree <input type="checkbox"/> | Neutral <input type="checkbox"/> | Disagree <input type="checkbox"/> | Strongly Disagree <input type="checkbox"/> |

Please feel free to add additional comments on the back of this page and return to your dialysis clinic staff. **Clinic staff please fax to the Network at 816-880-9088.**

For more information or to file a grievance please contact the Heartland Kidney Network at:

920 Main Street, Suite 801, Kansas City, MO 64105

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