

Feedback is important! Tell us about ...

# YOUR *Vascular* Access Experience



## Introduction

We want to know more about your personal experiences as a dialysis patient and dealing with your vascular access (the place on your body that the dialysis machine connects to clean your blood through the hemodialysis process). Please share with us your experience so that we can improve your care. Your answers will be kept confidential! Thank you.

## Part 2: Think about the HOSPITAL CARE you had when your dialysis access was placed.

1.	<p><b>In the hospital, were you educated on your vascular access options?</b> (Instructions: Place a check mark next to your selection. Pick only one.)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>								
2.	<p><b>Did your hospital care team start the permanent vascular access workup (for example: vein mapping) while you were in the hospital?</b> (Instructions: Place a check mark next to your selection. Pick only one.)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I don't remember</p>								
3.	<p>Answer these questions <b>only</b> if you have had your vascular access placed in the last 2 years.</p> <p><b>In the hospital prior to the placement of your vascular access for dialysis, how much were you made aware of the following?</b> (Instructions: Place a check mark next to your selection. Pick one per row.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">(a.) Having fewer appointments with a fistula or graft ...</td> <td style="width: 15%; text-align: center; padding: 5px;"><input type="checkbox"/> A lot</td> <td style="width: 15%; text-align: center; padding: 5px;"><input type="checkbox"/> Somewhat</td> <td style="width: 10%; text-align: center; padding: 5px;"><input type="checkbox"/> Very little</td> </tr> <tr> <td style="padding: 5px;">(b.) A lower risk of infection with a fistula or graft ...</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> A lot</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Somewhat</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Very little</td> </tr> </table>	(a.) Having fewer appointments with a fistula or graft ...	<input type="checkbox"/> A lot	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very little	(b.) A lower risk of infection with a fistula or graft ...	<input type="checkbox"/> A lot	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very little
(a.) Having fewer appointments with a fistula or graft ...	<input type="checkbox"/> A lot	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very little						
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Heartland Kidney Network  
Patient Scan Tool  
Page 2

	(c.) Easier bathing with a fistula or graft ...	<input type="checkbox"/> A lot	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very little
	(d.) Possible decreased treatment time using a fistula or graft ...	<input type="checkbox"/> A lot	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very little