

## 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 answers will be kept confidential! Thank You.

## Part 3: Vascular Access Placement and Care

Instructions: On a scale from 1 to 5, where 5 means “strongly agree” and 1 means strongly disagree, rate the following statements.

1.	<b>Answer this question if your dialysis access was <u>not</u> placed while you were in the hospital, prior to your first outpatient dialysis treatment: My dialysis clinic staff helped me get appointments setup to have a permanent access placed (like a fistula or a graft).</b>					
	<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 Strongly Agree	<input type="checkbox"/> N/A

2.	<b>Answer this question if your dialysis access was <u>not</u> placed while you were in the hospital, prior to your first outpatient dialysis treatment: My dialysis clinic staff provided me with the education I needed to help me feel comfortable with the vascular access process.</b>					
	<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 Strongly Agree	<input type="checkbox"/> N/A

3.	<b>My dialysis clinic staff provided me with the education I needed to learn how to care for my dialysis access.</b>					
	<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 Strongly Agree	<input type="checkbox"/> N/A

4.	<b>I know a lot about how to take care of my dialysis access.</b>					
	<input type="checkbox"/> 1 Strongly	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 Strongly	<input type="checkbox"/> N/A

# YOUR *Vascular* *Access* Experience

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	Disagree				Agree	
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5.	<b>I know how to do a physical assessment on my dialysis access.</b>					
	<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 Strongly Agree	<input type="checkbox"/> N/A