

## Patient Life Goals Survey

This survey asks you about your life goals and dialysis facility care team. Life goals are personal goals that you think are important to achieve. This may include having the ability to work, go to school, travel, or spend time with family. Please answer the following questions with regard to your current dialysis facility care team. Your care team includes your kidney doctor, nurse, social worker, dietitian, and patient care technician.

This survey asks questions about what YOU feel and believe. Please answer the following questions based on how YOU feel and what you believe.

### 1. My most important life goals are (check all that apply):

- ☐ Being able to work
- ☐ Spending time with family and friends
- ☐ Going to school or college
- ☐ To have my independence
- ☐ Watching my children or grandchildren grow-up
- ☐ To take care of family
- ☐ Spending time on hobbies and other activities
- ☐ To feel like a regular person, not a person on dialysis
- ☐ To travel
- ☐ Other \_\_\_\_\_

### 2. Answer each item by marking one box only in each row.

	Strongly Disagree	Disagree	Neither Disagree/Agree	Agree	Strongly Agree
<b>a.</b> At least one member of my care team knows about my life goals.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>b.</b> I believe it is important at least one member of my care team talks with me about my life goals.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>c.</b> My treatment plan is consistent with my life goals.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**3. Answer each item by marking one box only in each row.**

	Never	Rarely	Sometimes	Usually	Always
<b>a.</b> At least one member of my care team talks with me about my life goals.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>b.</b> I feel comfortable discussing changes in my life goals with at least one member of my care team.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>c.</b> At least one member of my care team helps me meet my life goals.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**4. My \_\_\_\_\_ has talked with me about my life goals (Check all that apply below)**

<input type="checkbox"/>	Nurse
<input type="checkbox"/>	Kidney doctor
<input type="checkbox"/>	Social worker
<input type="checkbox"/>	Patient care technician
<input type="checkbox"/>	Dietitian
<input type="checkbox"/>	No one on my care team
<input type="checkbox"/>	Other _____

**Did YOU (survey participant) have help in completing this survey?**

- ☐ No, I completed the survey on my own
- ☐ My caregiver (family member, friend) helped explain questions to me
- ☐ My caregiver (family member, friend) helped me answer questions by reminding me of important information
- ☐ My caregiver (family member, friend) helped by suggesting answers for me

**Thank you for completing this survey!**