OMB #: 0938-0926

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Medicare In-Center Hemodialysis 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. The time required to complete this information collection is estimated to average 16 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

# Survey Instructions

**This survey is about your experiences with dialysis care at [SAMPLE FACILITY NAME].**

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**
3. Where do you get your dialysis treatments?
4. At home or at a skilled nursing home where I live **If At home or at a skilled nursing home where I live, Go to Question 45**
5. At the dialysis center
6. I do not currently receive dialysis **If I do not currently receive dialysis, Go to Question 45**
7. How long have you been getting dialysis at [SAMPLE FACILITY NAME]?
8. Less than 3 months **If Less than 3 months, Go to Question 45**
9. At least 3 months but less than 1 year
10. At least 1 year but less than 5 years
11. 5 years or more
12. I do not currently receive dialysis at this dialysis center **If I do not currently receive dialysis at this dialysis center, Go to Question 45**

## Your Kidney Doctors

Your kidney doctors are the doctor or doctors most involved in your dialysis care now. This includes kidney doctors that you see inside and outside the center.

1. In the last 3 months, how often did your kidney doctors listen carefully to you?
2. Never
3. Sometimes
4. Usually
5. Always
6. In the last 3 months, how often did your kidney doctors explain things in a way that was easy for you to understand?
7. Never
8. Sometimes
9. Usually
10. Always
11. In the last 3 months, how often did your kidney doctors show respect for what you had to say?
12. Never
13. Sometimes
14. Usually
15. Always
16. In the last 3 months, how often did your kidney doctors spend enough time with you?
17. Never
18. Sometimes
19. Usually
20. Always
21. In the last 3 months, how often did you feel your kidney doctors really cared about you as a person?
22. Never
23. Sometimes
24. Usually
25. Always
26. Using any number from 0 to 10, where 0 is the worst kidney doctors possible and 10 is the best kidney doctors possible, what number would you use to rate the kidney doctors you have now?

0 0 Worst kidney doctors possible

1 1

2 2

3 3

4 4

5 5

6 6

7 7

8 8

9 9

10 10 Best kidney doctors possible

1. Do your kidney doctors seem informed and up-to-date about the health care you receive from other doctors?
2. Yes
3. No

## The DialysisCenter Staff

For the next questions, dialysis center staff does not include doctors. Dialysis center staff means nurses, technicians, dietitians, and social workers at this dialysis center.

1. In the last 3 months, how often did the dialysis center staff listen carefully to you?
2. Never
3. Sometimes
4. Usually
5. Always
6. In the last 3 months, how often did the dialysis center staff explain things in a way that was easy for you to understand?
7. Never
8. Sometimes
9. Usually
10. Always
11. In the last 3 months, how often did the dialysis center staff show respect for what you had to say?
12. Never
13. Sometimes
14. Usually
15. Always
16. In the last 3 months, how often did the dialysis center staff spend enough time with you?
17. Never
18. Sometimes
19. Usually
20. Always
21. In the last 3 months, how often did you feel the dialysis center staff really cared about you as a person?
22. Never
23. Sometimes
24. Usually
25. Always
26. In the last 3 months, how often did dialysis center staff make you as comfortable as possible during dialysis?
27. Never
28. Sometimes
29. Usually
30. Always
31. In the last 3 months, did dialysis center staff keep information about you and your health as private as possible from other patients?
32. Yes
33. No
34. In the last 3 months, did you feel comfortable asking the dialysis center staff everything you wanted about dialysis care?
35. Yes
36. No
37. In the last 3 months, has anyone on the dialysis center staff asked you about how your kidney disease affects other parts of your life?
38. Yes
39. No
40. The dialysis center staff can connect you to the dialysis machine through a graft, fistula, or catheter. Do you know how to take care of your graft, fistula, or catheter?
41. Yes
42. No
43. In the last 3 months, which one did they use most often to connect you to the dialysis machine?
44. Graft
45. Fistula
46. Catheter **If Catheter,** **Go to Question 22**
47. I don’t know **If Don’t Know, Go to Question 22**
48. In the last 3 months, how often did dialysis center staff insert your needles with as little pain as possible?
49. Never
50. Sometimes
51. Usually
52. Always
53. I insert my own needles
54. 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?
55. Never
56. Sometimes
57. Usually
58. Always
59. In the last 3 months, did any problems occur during your dialysis?
60. Yes
61. No **If No, Go to Question 25**
62. In the last 3 months, how often was the dialysis center staff able to manage problems during your dialysis?
63. Never
64. Sometimes
65. Usually
66. Always
67. In the last 3 months, how often did dialysis center staff behave in a professional manner?
68. Never
69. Sometimes
70. Usually
71. Always

Please remember that for these questions, dialysis center staff does not include doctors. Dialysis center staff means nurses, technicians, dietitians, and social workers at this dialysis center.

1. In the last 3 months, did dialysis center staff talk to you about what you should eat and drink?
2. Yes
3. No
4. In the last 3 months, how often did dialysis center staff explain blood test results in a way that was easy to understand?
5. Never
6. Sometimes
7. Usually
8. Always
9. 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?
10. Yes
11. No
12. Did dialysis center staff at this center ever review your rights as a patient with you?
13. Yes
14. No
15. Has dialysis center staff ever told you what to do if you experience a health problem at home?
16. Yes
17. No
18. Has any dialysis center staff ever told you how to get off the machine if there is an emergency at the center?
19. Yes
20. No
21. 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

## The Dialysis Center

1. 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 appointmentor shift time?
2. Never
3. Sometimes
4. Usually
5. Always
6. In the last 3 months, how often was the dialysis center as clean as it could be?
7. Never
8. Sometimes
9. Usually
10. Always
11. 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 at [SAMPLE FACILITY NAME], even if you have not been receiving care there for the entire 12 months.

1. You can treat kidney disease with dialysis at a center, a kidney transplant, or with dialysis at home. In the last 12 months, did your kidney doctors or dialysis center staff talk to you as much as you wanted about which treatment is right for you?
2. Yes
3. No
4. Are you eligible for a kidney transplant?
5. Yes **If Yes, Go to Question 39**
6. No
7. I don’t know **If Don’t Know, Go to Question 39**
8. In the last 12 months, has a doctor or dialysis center staff explained to you why you are not eligible for a kidney transplant?
9. Yes
10. No
11. Peritoneal dialysis is dialysis given through the belly and is usually done at home. In the last 12 months, did either your kidney doctors or dialysis center staff talk to you about peritoneal dialysis?
12. Yes
13. No
14. In the last 12 months, were you as involved as much as you wanted in choosing the treatment for kidney disease that is right for you?
15. Yes
16. No
17. In the last 12 months, were you ever unhappy with the care you received at the dialysis center or from your kidney doctors?
18. Yes
19. No **If No, Go to Question 45**
20. In the last 12 months, did you ever talk to someone on the dialysis center staff about this?
21. Yes
22. No **If No, Go to Question 45**
23. In the last 12 months, how often were you satisfied with the way they handled these problems?
24. Never
25. Sometimes
26. Usually
27. Always
28. Medicare and your State have special agencies that check the quality of care at this dialysis center. In the last 12 months, did you make a complaint to any of these agencies?
29. Yes
30. No

## About You

1. In general, how would you rate your overall health?
2. Excellent
3. Very good
4. Good
5. Fair
6. Poor
7. In general, how would you rate your overall mental or emotional health?
8. Excellent
9. Very good
10. Good
11. Fair
12. Poor
13. Are you being treated for high blood pressure?
14. Yes
15. No
16. Are you being treated for diabetes or high blood sugar?
17. Yes
18. No
19. Are you being treated for heart disease or heart problems?
20. Yes
21. No
22. Are you deaf or do you have serious difficulty hearing?
23. Yes
24. No
25. Are you blind or do you have serious difficulty seeing, even when wearing glasses?
26. Yes
27. No
28. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
29. Yes
30. No
31. Do you have serious difficulty walking or climbing stairs?
32. Yes
33. No
34. Do you have difficulty dressing or bathing?
35. Yes
36. No
37. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor’s office or shopping?
38. Yes
39. No
40. What is the highest grade or level of school that you have completed?
41. No formal education
42. 5th grade or less
43. 6th, 7th, or 8th grade
44. Some high school, but did not graduate
45. High school graduate or GED
46. Some college or 2-year degree
47. 4-year college graduate
48. More than 4-year college degree
49. What language do you mainly speak at home?
50. English
51. Spanish
52. Chinese
53. Samoan
54. Russian
55. Vietnamese
56. Portuguese
57. Some other language (please identify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
58. Are you of Spanish, Hispanic, or Latino origin or descent?
59. No, not Spanish/Hispanic/Latino
60. Yes, Puerto Rican
61. Yes, Mexican, Mexican American, Chicano
62. Yes, Cuban
63. Yes, other Spanish/Hispanic/ Latino
64. What is your race? (One or more categories may be selected.)
65. American Indian or Alaska Native
66. Asian – **Please Specify** 
67. Asian Indian
68. Chinese
69. Filipino
70. Japanese
71. Korean
72. Vietnamese
73. Other Asian
74. Black or African American
75. Native Hawaiian or Pacific
Islander – **Please Specify** 
76. Guamanian or Chamorro
77. Native Hawaiian
78. Samoan
79. Other Pacific Islander
80. White
81. Did someone help you complete this survey?
82. Yes
83. No **Thank you. Please return the completed survey in the postage-paid envelope.**
84. Who helped you complete this survey?
85. A family member
86. A friend
87. A staff member at the dialysis center
88. Someone else (please print):
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
89. How did that person help you? Check all that apply.
90. Read the questions to me
91. Wrote down the answers I gave
92. Answered the questions for me
93. Translated the questions into my language
94. Helped in some other way (please print):
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

VENDOR’S NAME

STREET ADDRESS 1

STREET ADDRESS 2

CITY, STATE, ZIP