

Patient Transplant Survey



This survey is being conducted to identify patient beliefs, concerns, thoughts and understanding about kidney transplantation. Please answer every question as it applies to you best.

Name _____

1. Write three words that first come to your mind when you think of getting a kidney transplant.

2. Has your kidney doctor talked to you about kidney transplant?
 Yes No
3. Do you believe that kidney transplant is safe?
 Yes No, why? _____
4. What do you believe is the age limit to be considered as a kidney transplant candidate? _____
5. Do you believe that you are not a candidate for transplant due to an illness?
 Yes, what is that condition or illness? _____
 No
6. Do you believe that life is more complicated after kidney transplant than life on dialysis?
 Yes, why? _____
 No
7. Would you be willing to ask family and/or friends to donate a kidney (a living donor) for you?
 Yes No, why? Please choose from the choices below.
 - I would be too embarrassed.
 - I do not think my family or friends will donate for me.
 - I would not want to put their health at risk.
 - I probably would not be able to find a match for living donor.
 - Other _____
8. If you are interested to learn about kidney transplant, how would you like to receive information?
 - Written materials such brochures, handouts
 - Video or online resources
 - Individual discussion (one on one)
 - Group discussion (i.e. transplant center staff, peer mentors, with caregivers)