COMIRB # 16-1264

Identifying Barriers to Kidney Transplant Evaluation

PI: Jessica Kendrick MD MPH

Version Date: 6/17/16

1. Are you male or female? (Please check one)

☐ Male

☐ Female

1. What is your ethnicity? (Please check one)

☐ Hispanic or Latino

☐ Not Hispanic or Latino

1. What is your race? (Please check all that apply)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

1. What is your age? (Please check the age range that best fits)

☐ Under 30 years

☐ 30 to 39 years

☐ 40 to 49 years

☐ 50 to 59 years

☐ 60 to 69 years

☐ 70-79 years

☐ Greater than 80 years

1. What is your primary language? (Please check one)

☐ English

☐ Spanish

☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long have you been on dialysis? (Please check one)

☐ 1 year or less ☐ 5 years

☐ 2 years ☐ 6 or more years

☐ 3 years

☐ 4 years

1. Has your doctor ever talked to you about kidney transplant? (Please check one)

☐ Yes

☐ No

☐ Not Sure

If yes when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever been evaluated for a kidney transplant at a transplant center? (Check one)

☐ Yes [skip to question 10]

☐ No

☐ Not Sure

1. If you have not been evaluated, why? (Please check all that apply)

☐ Not referred by my doctor

☐ Didn’t think I would pass all the medical tests

☐ Didn’t fit my schedule

☐ Difficulty making an appointment at the transplant center

☐ Did not have transportation or money to get to the transplant center for the evaluation

☐ Dialysis isn’t that bad

☐ Scared of getting a transplant

☐ Cannot afford the transplant and/or medicines

☐ Don’t understand the transplant process

☐ Don’t understand the benefits of transplant

☐ Wasn’t sure how to proceed

☐ Didn’t believe anyone would serve as a living donor for me

☐ Worried about how long the wait for a kidney would be

☐ Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*If you answered Question 9, you are finished with the survey.**

1. If you have been evaluated, are you currently on the transplant list? (Please Check one)

☐ Yes

☐ No

☐ Not Sure

1. If you are not on the transplant list, why? (Please check all that apply)

☐Never completed the tests required for transplant

☐Still in the process of completing the tests required for transplant

☐Was no longer interested in transplant

☐Was told I was not a candidate for a kidney transplant

☐Never heard back from transplant center

☐Worried about how long the wait for a kidney would be

☐ Scared of getting a transplant

☐ Cannot afford the transplant and/or medicines

☐ Don’t understand the transplant process

☐ Don’t understand the benefits of transplant

☐Other (please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_