

**NAME:**

**DATE:
ROLE: MENTOR MENTEE**

**Thank you for joining in the *Peer Up!* program and for completing this survey.**

**Please answer all of the questions in this survey as best you can. If at any time you have a question, need to take a break, or want to finish it at another time, please see a *Peer Up!* staff person.**

**We estimate that this survey should take about 5 minutes.**

**Please know that all of your responses will be kept confidential. We will not share any of your responses with other patients or facility staff. Also, your responses will not affect your Medicare benefits in any way.**

**Your time, effort, and honesty are greatly appreciated!**

**We would like to get an idea of how often you do the different tasks to take care of yourself.**

**How often have you done each of the following in the past 4 weeks? Circle only one answer for each item.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How often have you…** | **None of the time** | **A little of the time** | **Some of the time** | **Most of the time** | **All of the time** |
| 1. Limited your fluids?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Followed the diet prescribed by your doctor or dietitian?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Taken all of your medicines?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Taken medicines on a set schedule?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Come to dialysis your prescribed number of times per week?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Stayed for your full treatment time?
 | 1 | 2 | 3 | 4 | 5 |