

IPOS-RENAL

Q1. What have been your main problems or concerns over the past 3 days?

1.....

2.....

3.....

Q2. Below is a list of symptoms you may or may not have experienced. For each symptom, please tick one box that best describes how it has affected you over the past 3 days

	Not at all	Slightly	Moderately	Severely	Overwhelmingly
Pain					
Shortness of breath					
Weakness or lack of energy					
Nausea (feeling like you are going to be sick)					
Vomiting (being sick)					
Poor appetite					
Constipation					
Sore or dry mouth					
Drowsiness					
Poor mobility					
Itching					
Difficulty Sleeping					
Restless legs or difficulty keeping legs still					
Changes in skin					
Diarrhea					
Please list any other symptoms not motioned above, and tick one box to show the have affected you over the 3 days.					

Over the past 3 days:

	Not at all	Occasionally	Sometimes	Most of time	Always
Q3. Have you been feeling anxious or worried about your illness or treatment?					
Q4. Have any of your family or friends been anxious or worried about you?					
Q5. Have you been feeling depressed?					
	Always	Most of the time	Sometimes	Occasionally	Not at all
Q6. Have you felt peace?					
Q7. Have you been able to share how you are feeling with your family or friends as much as you wanted?					
Q8. Have you had as much information as you wanted?					
	No problems	Problems addressed	Problems mostly addressed	Problems partly addressed	Problems hardly addressed/ not addressed
Q9. Have you any practical problems resulting from your illness been addressed (such as financial or personal)?					
	Not at all	Up to half a day wasted	More than half day wasted		
Q10. How much time do you feel has been wasted on appointments relating to your healthcare, e.g. waiting around for transport or repeating tests?					
	On my own		With help from friend relative	With help of a staff member	
Q11. How did you complete this questionnaire?					