

Kidney Health Coach Session

Attendee Evaluation and Demographic Questions

Thank you for attending this session! Please answer the questions below. We will use your responses to improve the program.

1. After attending this session, to what extent do you agree with the following statements? Use a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree.

Item	1	2	3	4	5
My knowledge of chronic kidney disease (CKD) has increased.					
My confidence to manage kidney disease and prevent disease progression has increased.					
The information in this session was easy to understand.					
I am satisfied with this session.					
I would recommend this session to others.					

2. How much of the information presented in this session was new to you?
- ☐ 0% - None of the information
 - ☐ 25%
 - ☐ 50% - Half of the information
 - ☐ 75%
 - ☐ 100% - All of the information
3. After attending this session, I plan to take the following steps to keep my kidneys healthy. (Select all that apply)
- ☐ Talk to my doctor about CKD
 - ☐ Get tested for CKD
 - ☐ Share what I have learned about CKD with others
 - ☐ Manage my blood sugar
 - ☐ Manage my high blood pressure
 - ☐ Eat healthy
 - ☐ Be active
 - ☐ None of the above
 - ☐ Other, please specify: _____

4. What suggestions do you have to improve this session?
5. Please share any other comments about this session.

Demographic Questions

1. What is your age?
 - ☐ 17 or younger
 - ☐ 18 – 29
 - ☐ 30 – 39
 - ☐ 40 – 49
 - ☐ 50 – 59
 - ☐ 60 or older
 - ☐ I prefer not to answer
2. What is your race/ethnicity? (Select all that apply)
 - ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ Hispanic or Latino
 - ☐ White
 - ☐ I prefer not to answer
 - ☐ Other (please specify): _____
3. What is your gender?
 - ☐ Female
 - ☐ Male
 - ☐ Non-binary
 - ☐ I prefer not to answer
 - ☐ Other (please specify): _____
4. Which best describes you?
 - ☐ I have kidney disease (not on dialysis)
 - ☐ I am on dialysis
 - ☐ I am living with a kidney transplant
 - ☐ I have a kidney problem other than kidney disease
 - ☐ I am a living kidney donor

- ☐ I am the caregiver of someone with kidney disease
 - ☐ I have a friend/loved one with kidney disease
 - ☐ Someone I know passed away from kidney disease
 - ☐ I work with patients with kidney disease
 - ☐ I work for a company in the nephrology space (pharma, CRO or related field).
 - ☐ I have no personal connection to kidney disease
 - ☐ Other (please specify): _____
5. In what U.S. state or territory are you located?
6. I live in a:
- ☐ Rural area
 - ☐ Suburban area
 - ☐ Urban area