

Questions for my dialysis team

Write your top questions first, then check any other topics you want to cover.

Date of visit: _____

MY TOP 3 QUESTIONS TODAY

1

2

3

OTHER TOPICS I MAY WANT TO COVER

MY TREATMENT

- ☐ Something during or after dialysis
- ☐ My target weight or fluid removed
- ☐ Changes in my weight or blood pressure

MY VASCULAR ACCESS

- ☐ My fistula, graft, or catheter
- ☐ How to care for my vascular access
- ☐ Something that looks or feels different

MEDICATIONS

- ☐ A medication or dose that changed
- ☐ New instructions from another clinician
- ☐ A question about my medication list

FOOD & FLUID

- ☐ My lab results
- ☐ Questions about food or drinks
- ☐ Questions about my fluid log

HOW I HAVE BEEN FEELING

- | | | |
|---|--|--|
| ☐ Dizziness or lightheadedness | ☐ Cramping | ☐ Nausea |
| ☐ Headache | ☐ Tiredness or weakness | ☐ Shortness of breath |
| ☐ Swelling | ☐ Itching | ☐ Blood pressure concerns |
| ☐ Something else: _____ | | |

It happened: ☐ Before dialysis ☐ During dialysis ☐ After dialysis ☐ Between treatments

PLANNING & EVERYDAY LIFE

- | | |
|--|---|
| ☐ My transportation or treatment schedule | ☐ Something at home that may affect my care |
| ☐ An ER visit or hospital stay | ☐ Something that changed since my last visit |

ANYTHING ELSE I WANT MY CARE TEAM TO KNOW

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Write down what you heard and what happens next. You do not need to fill in every section.

Date of visit: _____

WHAT WE TALKED ABOUT

WHAT I WANT TO REMEMBER

WHAT HAPPENS NEXT?

- ☐ Nothing needs to change right now
- ☐ Something in my treatment or care is changing
- ☐ I need to talk with another member of my care team
- ☐ I'm not sure yet
- ☐ My care team will keep watching it
- ☐ I need to keep track of something
- ☐ I need an appointment or follow-up

MY NEXT STEP

MY CARE TEAM'S NEXT STEP

FOLLOW-UP

When: _____

With: _____

SOMETHING I STILL WANT TO ASK