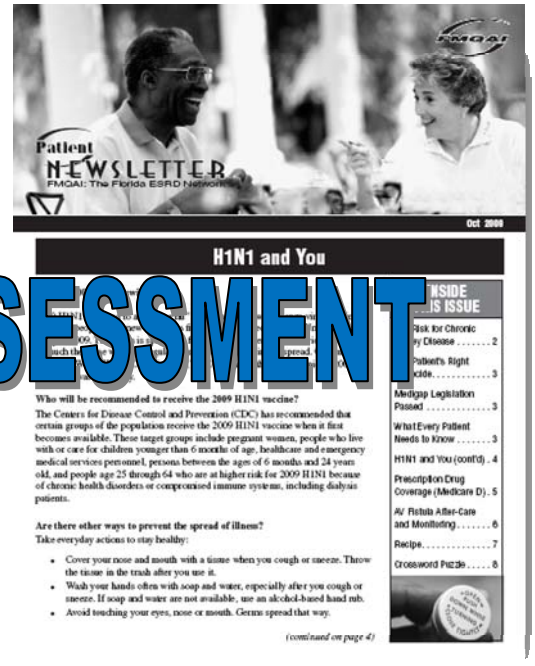




The Florida ESRD Network

Date: \_\_\_\_\_



# PATIENT NEEDS ASSESSMENT

Please complete the following questions and return to the Network by fax to (813) 354-1514 or through your dialysis social worker.

Question	Yes	No
Do you know who the ESRD Network is?		
Do you know about the Network's Patient Helpline?		
Have you read the Network's Patient Newsletter?		

Question	Response
Where can the Network's helpline number be found?	
Why do you think the Network has a helpline?	
What topics would you like to see covered in the Patient Newsletter?	
What subject/s do you recommend for patient education?	
Tell us the how you like to be educated (e.g. verbal, written, video, internet).	
What comments do you have about the care provided in your dialysis clinic?	