

## The Annual Survey of Patient Reported Experience Measure (PREM)

The annual Kidney PREM survey has been designed by patients and professionals working together to find out how you feel about the services your kidney unit provides. The survey gives us feedback on kidney services both locally for your unit, and nationally, and ensures that the views of kidney patients are heard. From this information, we can see what we are doing well and where we can do better. Your views matter and we act on them to help us improve services. We will provide you with feedback on the results. Information on the national results can be obtained from the UK Kidney Association or Kidney Care UK websites, along with the previous year's results.

**The survey is completely anonymous**, your name will not appear anywhere on the survey.

### Completing the survey

The survey should take about 15 minutes to complete. Please only tick one box for each question or statement, otherwise your answer will not count.

**If you prefer, you can complete the survey online at [www.kidneycareuk.org/prem](http://www.kidneycareuk.org/prem).**

**The online survey is available in English, Welsh, Urdu and Gujarati and includes an opportunity to leave free text comment about your experience of kidney care.**

**Please only complete one paper PREM or one online, not both.**

You can ask a friend or family member or a volunteer to help you complete the survey. Choosing not to take part will not affect your care in any way. When you complete the survey think about your experience of care during the last few times that you have attended. Please fill in the survey as truthfully as possible.

### On completion

Please place the completed questionnaire in the pre-paid envelope provided, seal it, and post it back to the UK Renal Registry. You do not need to add a stamp. By completing the questionnaire you are consenting to your answers being sent to and held by the UK Renal Registry and your kidney unit. If you have any questions or concerns about the survey please contact the UK Renal Registry by emailing [renalregistry@renalregistry.nhs.uk](mailto:renalregistry@renalregistry.nhs.uk).

Please complete the name of the renal/satellite unit where you are completing this survey from.

**UKRR Code**

--	--	--	--	--	--	--	--

**(To be filled in by a member of staff)**

**Renal Unit**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**I am completing the Kidney PREM**

With help

Alone [*please skip to **CURRENT TREATMENT***]

**If you are completing the Kidney PREM with help, are they...**

A friend or relative

A volunteer

Other

**If you are completing the Kidney PREM with help, is it because of...**

Language

Disability

Frailty

Connection to  
haemodialysis  
machine

Other

**CURRENT TREATMENT**

Peritoneal dialysis  
*[Please skip to Age on  
page 3]*

Haemodialysis

Transplant  
*[Please skip to Age on  
page 3]*

Attending kidney clinic  
but not on dialysis or  
transplantation

**If you currently receive Haemodialysis, do you receive this...**

*(Please leave blank unless your current treatment is haemodialysis)*

At home

In-hospital

In-satellite

**If you currently receive Haemodialysis in-satellite or in-hospital, have you been invited to participate in any tasks of your haemodialysis care (shared care)?**

*(Please leave blank unless your current treatment is in-hospital or in-satellite haemodialysis)*

Yes - invited and  
participating

Yes - invited and  
declined

No - I have not been  
invited to participate

I don't know

**If you are currently attending a kidney clinic and are not on dialysis or with a functioning transplant, which below best describes your current care?**

*(Please leave blank unless you are currently attending kidney clinic and are not on dialysis or transplantation)*

I attend regularly  
for monitoring of  
my kidney function  
only

I have been  
advised that my  
kidneys will fail and I  
have chosen  
Haemodialysis in a  
unit / Haemodialysis  
at home / Peritoneal  
Dialysis

I have been advised  
that my kidneys will fail  
and I have chosen  
conservative/supportive/  
medical management

I have been  
advised that my  
kidneys will fail and  
have not yet  
decided a  
treatment option

I don't know

**Age**       17-21       22-30       31-40       41-55  
 56-64       65-74       75-84       85+

**Gender**       Male       Female       I would rather not say

**Ethnicity**       Asian       Black       White       Other       I would rather not say

**Do you use Patient View?**       Yes       No       Don't Know

*The following questions ask you about your experience with the kidney unit, your kidney disease and treatment.*

*All the questions are answered on a scale of 1 to 7 where 1 is negative and 7 is positive.*

*For each question there is also a 'don't know' and 'not applicable' option.*

**SECTION 1: ACCESS TO THE RENAL TEAM**

	<b>Never</b>		<b>Always</b>		<b>Don't know</b>	<b>Not Applicable</b>			
	1	2	3	4	5	6	7		
1. Does the renal team take time to answer your questions about your kidney disease or treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Would you feel comfortable to contact the unit from home if you were anxious or worried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Would you feel able to ask for an additional appointment with your kidney doctor if you wanted to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: SUPPORT

Does the renal team help you to get the support you want with:

	Never							Always	Don't know	Not Applicable
	1	2	3	4	5	6	7			
4. Medical issues resulting from your kidney disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Any other concerns or anxieties resulting from your kidney disease or treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Accessing patient support groups such as Kidney Patient Associations (KPA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: COMMUNICATION

Do you think there is good communication between:

	Never							Always	Don't know	Not Applicable
	1	2	3	4	5	6	7			
7. You and your renal team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Members of the renal team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Your GP and the renal team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The renal team and other medical specialists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The renal team and other non-healthcare services if you need them, such as social work or housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4: PATIENT INFORMATION

Does the renal team:

	Never							Always		Don't know	Not Applicable
	1	2	3	4	5	6	7				
12. Explain things to you in a way that is easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Give you as much information about your kidney disease or treatment as you want?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: FLUID INTAKE AND DIET

Thinking about the advice you are given about fluid intake:

	Never							Always		Don't know	Not Applicable
	1	2	3	4	5	6	7				
14. Does the renal team give you clear advice on your <b>fluid intake</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the advice you are given about diet:

	Never							Always		Don't know	Not Applicable
	1	2	3	4	5	6	7				
15. Does the renal team give you clear advice on your <b>diet</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6: NEEDLING

If you are on in-hospital or in-satellite haemodialysis please answer question 16, otherwise please go to SECTION 7: TESTS

	Never							Always		Don't know	Not Applicable
	1	2	3	4	5	6	7				
16. How often do the renal team insert your needles with as little pain as possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 7: TESTS**

	<b>Never</b>						<b>Always</b>			
	1	2	3	4	5	6	7		Don't know	Not Applicable
17. Do you understand the <b>reasons</b> for your tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you get your test results back within an acceptable time period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you understand the <b>results</b> of your tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 8: SHARING DECISIONS ABOUT YOUR CARE**

**Does the renal team:**

	<b>Never</b>						<b>Always</b>			
	1	2	3	4	5	6	7		Don't know	Not Applicable
20. Talk with you about your treatment and life goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Enable you to participate in decisions about your kidney care as much as you want?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Talk to you about taking a more active role in managing your own kidney care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 9: PRIVACY AND DIGNITY**

	<b>Never</b>						<b>Always</b>			
	1	2	3	4	5	6	7		Don't know	Not Applicable
23. Are you given enough privacy when discussing your condition or treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is your dignity respected during visits and clinical examinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 10: SCHEDULING AND PLANNING**

	<b>Never</b>						<b>Always</b>			
	1	2	3	4	5	6	7		Don't know	Not Applicable
25. Can you change your appointment times if they are not suitable for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you feel your time is used well at your appointments relating to your kidneys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you are on in-hospital or in-satellite haemodialysis, please move on to SECTION 11: HOW THE RENAL TEAM TREATS YOU. If you have blood tests done at an outpatient clinic or GP surgery, please answer question 27.**

	<b>Never</b>						<b>Always</b>			
	1	2	3	4	5	6	7		Don't know	Not Applicable
27. Are the arrangements for your blood tests convenient for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 11: HOW THE RENAL TEAM TREATS YOU**

**Thinking about how the renal team treats you, do they:**

	<b>Never</b>						<b>Always</b>			
	1	2	3	4	5	6	7		Don't know	Not Applicable
28. Take you seriously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Show a caring attitude towards you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Ask you about your emotional feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 12: TRANSPORT

If the renal unit arranges your transport, please answer these questions.

If the unit does not arrange your transport then please move on to SECTION 13: THE ENVIRONMENT.

	Never						Always			Don't know	Not Applicable
	1	2	3	4	5	6	7				
31. Is the vehicle provided suitable for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Is the time it takes to travel between your home and the renal unit acceptable to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Once your visit to the renal unit is finished and you are ready to leave, are you able to leave within less than 30 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 13: THE ENVIRONMENT

When you attend the renal unit, how would you grade:

	Poor						Excellent			Don't know	Not Applicable
	1	2	3	4	5	6	7				
34. Accessibility (e.g., lifts, ramps, automatic doors)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Comfort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Cleanliness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Waiting area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Parking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn over the page



## SECTION 14: YOUR OVERALL EXPERIENCE

39. How well would you grade your overall experience of the service provided by your renal unit on a scale from 1 (worst it can be) to 7 (best it can be)?
- |  | Worst it can be          |                          |                          |                          |                          |                          |                          | Best it can be           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        |                          |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## IMPACT OF COVID-19 ON YOUR EXPERIENCE

Coronavirus, or COVID-19, has continued to affect services right across the NHS in 2021.

We would like to understand the effects on patient experience of kidney services.

Overall, how much better or worse was your kidney care experience during the last year of the COVID-19 pandemic?

- |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -3 Much worse            | -2                       | -1                       | 0 Stayed the same        | 1                        | 2                        | 3 Much better            |

**Thank you for completing this questionnaire.**

**For further information please visit**

[www.ukkidney.org/kidney-patient-reported-experience-measure](http://www.ukkidney.org/kidney-patient-reported-experience-measure)

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*Please inform the UK Renal Registry if you wish to use the Kidney PREM and we will send you the latest version.*