

Kidney Care Empowerment Checklist



Empowered
Kidney Care

Patient Self Assessment

Patient Name:

Provider Name:

Date:

Patient Empowerment Questionnaire

Do you feel **informed** about your condition?

Yes

No

└ Do you track and bring your own **data**?

(Blood pressure, blood sugar, weight)

Yes

No

Do you feel like you know your **options of care**?

Yes

No

└ Do you know what **medications** you are taking?

(What are you taking? How? Why?)

Yes

No

Do you feel **active** in your own care?

Yes

No

Social Determinants of Health

Do you have a **patient advocate**?

Yes

No

Do you have adequate **food, housing, and money**?

Yes

No

Do you have access to **smartphone or internet**?

Yes

No

Tally your answers:

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