

Kidney Care Empowerment Checklist



Empowered
Kidney Care

Provider Checklist

Patient Name:

Provider Name:

Date:

Patient Empowerment Questionnaire

Do they feel **informed** about their condition?

Yes

No

└ Do they track and bring their own **data**?

(Blood pressure, blood sugar, weight)

Yes

No

Do they feel like you know their **options of care**?

Yes

No

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

(What are you taking? How? Why?)

Yes

No

Do they feel **active** in their own care?

Yes

No

Social Determinants of Health

Do they have a **patient advocate**?

Yes

No

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

Yes

No

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

Yes

No

Tally your answers:

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