

Appendix B. Data Collection Form for Patients

- Are you interested in participating in the research study involving peer mentoring of patients with chronic kidney disease and their caregivers?
 - Yes
 - No

- Have you been diagnosed with chronic kidney disease?
 - Yes
 - No

- How old were you on your last birthday? -----Years

- Are you able to read or write in English?
 - Yes
 - No

- Do you have access to a computer with internet and email capability?
 - Yes
 - No

- What is your sex
 - Male
 - Female

- Which of the following best represents your racial heritage?
 - White
 - Black or African American
 - Asian
 - Native Hawaiian or Pacific Islander
 - American Indian or Alaska Native
 - Other or Multi-Racial

- Are you Hispanic, Latino, Latina, or Spanish origin?
 - Yes
 - No

- What is the highest degree or level of school you have completed?
 - Less than a HS Diploma
 - High School Diploma
 - Some College
 - College Graduate

- What is your marital status?
 - Married

- Divorced
 - Widowed
 - Separated
 - Single, Never Married
 - A Member of an Unmarried Couple
 - Other

- What is your current employment status
 - Employed
 - Out of Work > 1 Year
 - Out of Work < 1 Year
 - Homemaker
 - Student
 - Retired
 - Unable to Work

- What is your current treatment for kidney disease?
 - Hemodialysis
 - Peritoneal Dialysis
 - I have a kidney transplant that is working
 - I have chronic kidney disease but do not need dialysis or transplant

- Please write your zip code: