

Renal Medication Questionnaire: RMQ

This questionnaire asks about your kidney medication and your experience of this medication over the past few weeks.

The nurse will write in the names of each different medication prescribed for you by the doctors treating your kidney condition.

1. For each different medication listed below, please indicate in the boxes provided:

Part a) Whether or not you take this medication.
If you do not take the medication at all, please skip questions (b) to (e) about that medication and go on to the medication listed in the next box.

Part b) How often you are meant to take this medication (please use BLOCK CAPITALS).
If you do not know, please put a '?' for your answer.
If you have to vary the number of times you take it per day, please give the most usual number of times.

Part c) When it is meant to be taken.

Parts d) and e): Please tick a number from 0 (none of the time) to 6 (all of the time).

2. If there are any additional medications prescribed by your kidney doctor that have not been listed by the nurse, please add them below.

If you write down additional medications on this form, please tick the box* to show the medication was listed by you, the patient.

Continuation sheets are available from the nurse, if needed.