

KHA Fact Sheet Evaluation Form

Thank you for taking the time to review this fact sheet. Your feedback is important to us.
Please return to Kidney Health Australia PO Box 9993, Adelaide, SA 5001 or Fax 08 8334 7545



Please list the Name(s) of the Fact Sheet(s) you are reviewing:

Please circle the most suitable answer

Personal Details

Are you a?

- a. Patient
- b. Carer / Family Member / Friend
- c. Health Professional
- d. Other (Please list) _____

Are you?

- a. Male
- b. Female

How old are you?

- a. Under 20
- b. 20-39
- c. 40-59
- d. 60+

What is the main language you speak at home?

- a. English
- b. Other (Please list) _____

What is your highest level of education?

- a. Primary School
- b. Secondary School
- c. Trade Certificate
- d. University Degree

* In some cases KHA may wish to follow up on some of your responses.
Please leave your details below if you are willing to participate in such a follow up.

Name: _____

Contact Number: _____

Fact Sheet Evaluation

Are the medical terms clearly explained?

- a. Yes
- b. No

Comment: _____

Is there enough information in each section?

**Note: Some fact sheets do not include all of the sections listed below*

- | | | |
|-------------------------------------|-----|----|
| a. Introduction | Yes | No |
| b. Causes | Yes | No |
| c. Complications / Symptoms / Signs | Yes | No |
| d. Diagnosis | Yes | No |
| e. Treatments | Yes | No |
| f. Other | Yes | No |

Comment: _____

Is the word size and style?

- a. Easy to read
- b. Hard to read

Comment: _____

What is your opinion of the fact sheet overall?

*You are welcome to use the back of this sheet if more space is required.