



- Do you have kidney disease?
- Do you have high blood pressure or diabetes?
- Are you currently on dialysis?
- Have you had a kidney transplant?

**If you have any of these, would you like to take part in a focus group as part of a health research study about kidney disease?**

**If you have any of these things and you participate, you will get:**  
- \$65 in CASH  
- FREE food at the focus group meeting

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#### **What is a focus group?**

A focus group is a **two-hour group discussion** that is led by our research staff.

#### **Who can participate?**

**Adults who have been diagnosed with diabetes, high blood pressure, or kidney disease or who are currently on dialysis or have had a kidney transplant.** Each focus group will include about 8-12 people. We have a limited number of openings for participants so please sign up today. We will hold separate focus groups for English speakers and Spanish speakers.

#### **When/Where?**

**The focus groups will be held in the fall in the Los Angeles area.**

#### **Topics that will be discussed during the focus groups include:**

- (1) Chronic kidney disease, diabetes and hypertension
- (2) Your experiences and beliefs about preventing disease and staying healthy
- (3) Your health care experiences
- (4) If applicable, experience with dialysis and kidney transplant

#### **Purpose of the focus groups?**

To collect information that will help researchers design programs to improve health services for people who have kidney disease or who are at risk for developing kidney disease.

#### **Who is conducting the study?**

The study is being conducted by health researchers and doctors from UCLA, Charles Drew University, and the RAND Corporation, a private, not-for-profit research center.

#### **Interested?**

If you are an adult and have kidney disease, diabetes or high blood pressure and are interested in participating in one of the focus groups, **please fill out the attached Permission Form and mail it to Rosa Elena Garcia at the following address: RAND Corp., 1776 Main St., Santa Monica, CA 90401.** By completing this form, you are only telling us that we can contact you to give you more information about the focus groups. After we talk, you can decide if you would like to take part in one of the focus groups.

**Questions? Call 888-249-8625. Ask to speak to Rosa Elena Garcia at RAND.**

## PERMISSION TO CONTACT FORM

If you are interested in participating in a focus group, please fill in the information requested below. A staff member from the RAND Corporation will contact you to give you more information about this study and if you are interested, to schedule you for one of the focus groups.

### PLEASE PRINT

1. Name (First and Last Name): \_\_\_\_\_
2. Are you:        [ ] Male        [ ] Female
3. Age: \_\_\_\_\_ (Please note, you must be 18 years old or older in order to participate in a focus group.)
4. Which of the following groups do you belong to? (Please choose one or more.)
  - <sup>1</sup>  American Indian or Alaska Native
  - <sup>2</sup>  Asian
  - <sup>3</sup>  Black or African American
  - <sup>4</sup>  Native Hawaiian or Other Pacific Islander
  - <sup>5</sup>  Latino or Hispanic
  - <sup>6</sup>  White
5. Which of the following conditions do you currently have? (Please choose one or more.)
  - <sup>1</sup>  Diabetes or high blood sugar → How long have you had this condition? \_\_\_\_\_
  - <sup>2</sup>  High blood pressure → How long have you had this condition? \_\_\_\_\_
  - <sup>3</sup>  Kidney Disease or kidney problems → How long have you had this condition? \_\_\_\_\_
6. Are you currently on dialysis?
  - <sup>1</sup>  Yes
  - <sup>2</sup>  No → SKIP TO QUESTION 9
7. If you are currently on dialysis, what type of dialysis are you receiving?
  - <sup>1</sup>  Home hemodialysis
  - <sup>2</sup>  Peritoneal dialysis at home
  - <sup>3</sup>  In center hemodialysis
8. If you are currently on dialysis, where are you currently receiving dialysis?
  - <sup>1</sup>  University based dialysis facility (e.g., UCLA, USC, Loma Linda)
  - <sup>2</sup>  Community or free-standing dialysis center
  - <sup>3</sup>  Getting dialysis at home
9. Have you ever had a kidney transplant?
  - <sup>1</sup>  Yes
  - <sup>2</sup>  No → SKIP TO QUESTION 12

10. If you have ever had a kidney transplant, when did you have it?  
 \_\_\_\_\_ YEAR (If you have had more than one, what other years? \_\_\_\_\_, \_\_\_\_\_)
11. Prior to having your kidney transplant, were you ever on dialysis?  
<sup>1</sup>  Yes  
<sup>2</sup>  No
12. What type of health insurance do you currently have? (Check all that apply)  
<sup>1</sup>  No insurance  
<sup>2</sup>  MediCal or MediCal HMO (program that helps with medical costs for people with low incomes and limited resources)  
<sup>3</sup>  Medicare or Medicare HMO (health insurance for people age 65 or older or for people under age 65 with certain disabilities, and for people at any age with End Stage Renal Disease)  
<sup>4</sup>  Private or commercial insurance that you get through an employer or that you purchase yourself  
<sup>5</sup>  Other  
<sup>6</sup>  Don't know
13. If you have had a transplant or are on dialysis, what type of health insurance did you have before you had the transplant or started dialysis? (Check all that apply)  
<sup>1</sup>  No insurance  
<sup>2</sup>  MediCal or MediCal HMO (program that helps with medical costs for people with low incomes and limited resources)  
<sup>3</sup>  Medicare or Medicare HMO (health insurance for people age 65 or older or for people under age 65 with certain disabilities, and for people at any age with End Stage Renal Disease)  
<sup>4</sup>  Private or commercial insurance that you get through an employer or that you purchase yourself  
<sup>5</sup>  Other  
<sup>6</sup>  Don't know
14. Your Mailing Address:
- |                |          |
|----------------|----------|
| Street Address | Apt      |
| City           | State    |
|                | Zip Code |
15. Home Phone Number: \_\_\_\_\_
16. Alternate Phone Number: \_\_\_\_\_
17. Best day/time to reach you? \_\_\_\_\_
18. **Check here if you want someone who speaks Spanish to call you.** [  ]

**SIGNATURE**

I agree to allow researchers from the Chronic Kidney Disease Study to contact me to discuss the focus groups described in the attached flyer and see if I am interested in participating in a focus group.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date

**Please return this completed form to Rosa Elena Garcia at RAND or call 888-249-8625 to sign up.**