Appendix D Questionnaire

Patient interview information was collected by paper-based questionnaire (see below). The collected data were then compared to the hospital record, and the results collated into a de-identified database.

<INSERT NAME OF HOSPITAL HERE>

Consent given		
Yes 🗆 No 🗆		
Interviewer – do not proceed if consent is not given.		
Please record answers in the space provided next to each question		
1. Hospital record number Interviewer – please record number from patient's arm bracelet		
2. Type of Admission	Sameday 🗆	
	Sameday Dialysis 🛛	
	Overnight 🗆	
3. Sex	Male 🗆	
	Female □	
4. Were you (was the patient) born in Australia?	Yes 🗆	
	No 🗆	
5. What is your (the patient's) Date of birth?		
<i>Interviewer – if the patient cannot recall their date of birth, ask for an estimate of the year of birth or an estimate of the patient's age</i>	Day/month/year	
	Date of birth is an estimate \Box	
6. (Are you) (is the patient) of Aboriginal or Torres Strait Islander origin	No 🗆	
Interviewer – if both Aboriginal and Torres Strait Islander, tick both 'yes' boxes	Yes, Aboriginal	
- 00111 yes 002es	Yes, Torres Strait Islander \Box	
7. Where do you (does the patient) usually live?		
Number/street		

Suburb/town

State or Territory/postcode

Thank you for participating!

Interviewer no:	This is a unique number assigned to the interviewer for identification purposes
Date:	Record the date on which the interview took place.
Ward:	Record the hospital ward where the interview took place.
Time taken for interview:	Provide an estimate of the time taken to conduct the interview.
Comments: Provide any comments that would be useful to the data collection process.	

I certify that the information documented above is a true and accurate record of the interview as provided to me. I have checked that all responses have been recorded

(Interviewer – Please initial here) _____