Pre Kidney Pancreas Educational Session
Post Test

Name ____________________________________________
Support Person Name/relationship ____________________________
Date ______________________
Instructor ________________________________

1. I am on the transplant list as of today
   True    False (circle one)

2. I came to this class today because: (circle correct answer)
   a. My Social Worker told me I had be come
   b. I want a transplant
   c. My doctor told me to come
   d. I had nothing else to do

3. Having a Transplant: (circle correct answer)
   a. Will cure all of my health problems
   b. Is the only treatment available for End Stage Renal Disease (ESRD)
   c. Will make me live forever
   d. Is one of several treatment options for End Stage Renal Disease (ESRD)

4. My transplant testing (excluding Gynecology and special tests) will be scheduled: (circle the correct letter)
   a. By My Primary Care Physician (PCP)
   b. By my Nephrologist and Dialysis Center
   c. by the Transplant Center
   d. Where I live because it is close to home

Effective Date 11/2008
5. Medicare will cover 100% of the anti-rejection medications for the rest of my life and I will never have any out-of-pocket expenses
   True    False    (circle one)

6. If I do not have full coverage for medications, I need to do the following:
   a. Fund raising
   b. Verify my insurance co-pays
   c. Check my out-of-pocket expenses
   d. Apply for a secondary insurance if I do not have one
   e. All of the above

7. Attending this class today means: (circle correct answer)
   a. Nothing
   b. I have to have a transplant, even if I decide I do not want one
   c. It is the first step in the transplant process
   d. I am on the list

8. I have several transplant options including: (circle correct answer)
   a. to receive an organ from the waiting list
   b. to receive an organ from a living related donor
   c. to receive an organ from a living unrelated donor
   d. I have the right to refuse a transplant offered to me
   e. All of the above

9. The waiting list is managed by: (circle correct answer)
   a. My dialysis center
   b. United Network for Organ Sharing (UNOS)
   c. The Transplant Center
   d. Me
10. I will be placed on the waiting list: (circle correct answer)
   a. when I complete all of the testing required by the transplant center and return to see my transplant doctor for medical approval
   b. when I am approved financially, psychosocially and by the transplant dietician
   c. when I am approved by the Transplant Committee
   d. All of the above

11. While Listed, I must return to the Transplant Center to see my transplant doctor: (circle correct letter)
   a. Never, I am on the list
   b. Once a month
   c. Every 6 months
   d. Whenever I want

12. While listed I need to update my testing every year
   True   False   (circle one)

13. I must contact My Transplant Coordinator/Transplant Center if the following occurs while I am in work-up or on the waiting list: (circle correct answer)
   a. If I have a change of address or any contact number (cellular, home, alternate contacts)
   b. If I travel
   c. If my insurance changes (must provide copy of new card to Transplant Center)
   d. If I am admitted to the hospital, have surgery or have changes in my health (provide all records for my transplant file)
   e. All of the above
   f. I am not required to let anyone know of any changes
Educational Session Post Test (Part 2)

Recipient Name__________________________
Support Person Name/relationship
________________________________________
Date__________________________

1. I will be in the hospital:
   a. 14 days
   b. until I feel that I am ready to go home
   c. ___ days 4–5
   d. 1 month

2. Medicare will cover 100% of the anti-rejection medications for the rest of my life and I will never have any out-of-pocket expenses
   True    False    (circle one)

3. After my transplant, I will not be able to drive for 4-6 weeks and need to make my own transportation arrangements after discharge from the hospital.
   True    False    (circle one)

4. I will have to take my anti rejection medications: (circle correct letter)
   a. When I am in the hospital
   b. When I don’t feel good
   c. For a year after my transplant, then I can stop them
   d. Forever

5. Circle all of the anti rejection medications below that you may be taking after transplant
   e. Rapamycin   f. Lasix   g. Medrol   e. Bactrim
6. I must take my transplant medications. (circle correct answer)
   a. When I remember. The time does not matter
   b. At the specific time my Transplant Doctor/Coordinator tells me to
   c. Only if I am sick
   d. When I have the time to fill the prescription

7. For the first month after transplant, I need to have lab work done at the Transplant Center (circle correct answer)
   a. Once after discharge
   b. Never, I will go back to my kidney doctor for lab work
   c. 3 times a week
   d. When I don’t feel well