

Chronic Kidney Disease (CKD) Awareness & Risk Assessment Questionnaire

Hello! We are conducting a health awareness survey to better understand kidney health in our community. Your responses will remain **anonymous** and will only be used for educational and health awareness purposes. Thank you for your time.

Section A: Personal & Health Information

1. Age:

- 18–30 31–45 46–60 61+

2. Gender:

- Male Female Prefer not to say

3. Do you have a family history of kidney disease?

- Yes No Not sure

4. Have you ever been diagnosed with any of the following?

- Diabetes High Blood Pressure Heart Disease None

5. Do you smoke or use tobacco products?

- Yes No Occasionally

Section B: Lifestyle & Habits

6. How often do you exercise?

- Daily 3–4 times a week Rarely Never

7. How much water do you drink daily?

- Less than 1 liter 1–2 liters More than 2 liters

8. Do you consume painkillers (like Ibuprofen, Aspirin) regularly?

- Yes No Occasionally

9. How often do you check your blood pressure?

- Regularly Occasionally Never

10. Do you add extra salt to your meals?

- Often Sometimes Rarely Never

Section C: Symptoms & Awareness

11. Have you experienced any of these symptoms in the last 6 months?

- Frequent fatigue/tiredness
- Swelling in feet, ankles, or face
- Changes in urine (color, frequency, foam)
- Loss of appetite
- Nausea
- None of the above

12. Are you aware of what Chronic Kidney Disease (CKD) is?

- Yes No Heard of it but not sure

13. Do you know the common risk factors for CKD?

- Yes No

14. Have you ever undergone a kidney function test?

- Yes No Not sure

Section D: Healthcare Access & Behavior

15. How often do you visit a doctor for a general check-up?

- Once a year Only when unwell Rarely/Never

16. If you had a health concern, would you delay visiting a doctor because of cost?

Yes No Maybe

17. Would you use a free AI-based tool to assess your kidney health risk?

Yes No Maybe, if recommended

18. How do you prefer to receive health information?

Doctor Online sources Family/Friends Health camps

Section E: Final Feedback

19. On a scale of 1–5, how concerned are you about kidney health?

1 (Not concerned) – 2 – 3 – 4 – 5 (Very concerned)

20. Would you like to receive more information about kidney health and prevention?

Yes No

(If Yes) Please provide your email (optional): _____

Thank you

Your responses will help us design better health awareness programs and tools.