

<http://www3.interscience.wiley.com/cgi-bin/fulltext/123301242/HTMLSTART>

Patient Instructions: Please help us understand how your dialysis treatments may affect driving by providing the following information. Circle or fill in the blank, you may need to ask your spouse or others for some data. Attach a list of medications to review for sedatives, sleeping meds, and anti-seizure medications.

Question	Response Choices
Do you drive at this time? If no, specify why you stopped: If no, specify date you stopped: Age:	Yes No
Gender: Study ID number [assigned by study staff]: Today's date: Name of dialysis center: Type of dialysis:	Male Female Hemodialysis Peritoneal dialysis Home hemodialysis
How long have you been on dialysis? [# of years] Schedule of dialysis with number of hours per week: Amount of fluid usually removed with dialysis: Any usual problems after dialysis? [open ended response]	
Medical History	
Do you feel dizzy after dialysis? Do you have weakness after dialysis? Have you fainted after dialysis (lost consciousness)?	Often Rarely No Often Rarely No Often Rarely No
(If yes, when was the last time) [mm/dd/yyyy] Do you have diabetes (documented diagnosis)? Do you experience hypoglycemia (documented blood glucose below 60 with or without palpitations, sweating, anxiety, tremors)?	Yes No Often Rarely No
Do you experience loud snoring? Do you have sleep apnea (documented diagnosis)? Do you ever fall asleep when driving?	Yes No Yes No Often Rarely No
Driving	
Do you feel comfortable in your ability to drive? If no, specify reasons	Yes No Dizziness Bad experience Passing out Decreased reflexes Decreased strength Other:
How long have you been driving? [# of years] Does dialysis affect your driving? Does the amount of fluid removed affect your driving?	Yes No Yes No
Does the amount of time on dialysis affect your driving?	Yes No
When was your last minor accident? [yyyy] When was your last major accident? [yyyy]	
Was there any relationship between dialysis and any accident you have had? If yes, please provide details:	Yes? No

Table 2. AMA checklist; Am I a Safe Driver?*

Instructions: Check the box if the statement applies to you.

I get lost while driving.
My friends and family members say they are worried about my driving.
Other cars seem to appear out of nowhere.
I have trouble seeing signs in time to respond to them.
Other drivers drive too fast.
Other drivers often honk at me.
Driving stresses me out.
After driving, I feel tired.
I have had more near misses lately.
Busy intersections bother me.
Left-hand turns make me nervous.
The glare from oncoming headlights bothers me.
My medication makes me dizzy or drowsy.
I have trouble turning the steering wheel.
I have trouble pushing down on the gas pedal or brakes.
I have trouble looking over my shoulder when I back up.
I have been stopped by the police for my driving recently.
People will no longer accept rides from me.
I don't like to drive at night.
I have more trouble parking lately.
If you have checked any of the boxes, your safety may be at risk when you drive. Talk to your doctor about ways to improve your safety when you drive.

*** Physician's Guide to Assessing and Counseling Older Drivers. American Medical Association/National Highway Traffic Safety Administration/U.S. Department of Transportation. June 2003**

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