

Supplementary S1

Research Questionnaire

Study Title: Assessment of Clinical and Risk Factors Among Hemodialysis Patients

Institution: Amran University – Faculty of Medicine and Health Sciences – Department of Laboratory Sciences

Country: Republic of Yemen

Participant Information

This questionnaire is designed for scientific research purposes. All information provided will remain confidential and will be used only for academic research. Participation is voluntary.

Section A: Demographic Information

1. Patient Name: _____
2. Age: _____
3. Gender: Male Female
4. Marital Status: Single Married Divorced
5. Residence: _____
6. District: _____
7. Governorate: _____

Section B: Medical History

8. Do you suffer from any chronic diseases? (Check all that apply)

- Respiratory diseases
- Cardiovascular diseases
- Diabetes mellitus
- Hypertension
- None

Other (please specify): _____

9. What medications were you taking before developing kidney failure?

10. What medications are you currently taking?

11. How long have you been undergoing hemodialysis?

Less than 1 year

1–3 years

3–6 years

More than 6 years

Section C: Causes and Risk Factors of Kidney Failure

12. What factor caused the development of kidney failure? (Check all that apply)

Kidney inflammation

Kidney stones

High blood pressure

Diabetes mellitus

Hereditary causes

Polycystic kidney disease

Urinary tract infections

Congenital kidney problems

Cancer chemotherapy

Use of certain medications

Other (please specify): _____

13. What is your source of drinking water?

Wells

- Dams
- Springs
- Tap water
- Water treatment plants

14. Have you previously undergone a kidney transplant that later failed?

- Yes No

If yes, what were the causes? _____

Section D: Complications Associated with Kidney Failure

15. What diseases do you suffer from due to kidney failure? (Check all that apply)

- Cardiovascular diseases
- Hyperkalemia
- Fluid retention
- Hepatitis
- Hypertension
- Bone diseases
- Anemia
- Skin changes
- Other (please specify): _____

Section E: Clinical and Drug History

16. Have you ever undergone surgery involving catheter use?

- Yes No

17. Have you previously suffered from any of the following diseases?

- Viral infection
- Bacterial infection
- Malaria

18. Do you suffer from immune or hypersensitivity diseases?

Yes No

19. Have you been informed about the cause of your kidney failure?

Yes No

If yes, specify: _____

20. What symptoms did you experience before being diagnosed with kidney failure?

Back pain

Blood in urine

Absence of urination

Decreased urination

Swelling (edema)

Protein in urine

High blood pressure

21. Have you used Diclofenac Sodium as a pain reliever?

Yes No

If yes, how frequently?

Once or twice daily

Two to four times daily

Sometimes

Rarely

22. Did you suffer from osteoporosis, arthritis, or rheumatism and take treatment for it?

Yes No

If yes: Sometimes Rarely

23. Do you have any family members with kidney failure?

Yes No

If yes, relationship: _____