

Phosphate Binder Check-In



The following questions can help you talk with your healthcare team about your phosphate binder and how it's working for you. Your answers will help guide conversations about managing your phosphorus and staying on track with treatment.

1. Do you remember what your phosphorus level was on your most recent labs?

- ☐ No
☐ Yes (If yes, what was it?) _____ mg/dL

2. How do you feel about the results you're getting with your phosphate binder?
(Circle a number.)

I'm not satisfied I'm satisfied
1 2 3 4 5

3. What about your phosphate binder is working well for you?

- ☐ My phosphorus level is under control
☐ My phosphate binder is easy to take
☐ I've made a habit of taking my phosphate binder and I'm sticking to it
☐ I'm not bothered by any side effects.

4. How well are you sticking to your phosphate binder regimen? (Circle a number.)

It's hard It's easy
1 2 3 4 5

5. How many phosphate binder pills are you taking with each meal?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ More than 4

6. How often do you miss or skip a dose of your phosphate binder?

- ☐ Once a day
☐ A couple of times a week
☐ Once a week
☐ A couple of times a month
☐ Rarely
☐ Never

7. What, if anything, gets in the way of you taking your phosphate binder?

- ☐ I forget to take it with meals
☐ It's not convenient to take it with meals
☐ I don't like taking it when I go out to eat
☐ There are too many pills
☐ The pills are hard to swallow
☐ I think it's causing side effects
☐ I have trouble getting my refills on time
☐ Other _____

8. What habits do you have that help you remember to take your phosphate binder?

- ☐ I keep it near where I eat
☐ I put a note on my fridge
☐ I set alarms on my phone
☐ I put it on my calendar
☐ Other _____

9. Has anything gotten in the way of you refilling your phosphate binder prescription?

- ☐ No
☐ Yes (If yes, what is or was the challenge?)

10. Is there anything else you'd like your healthcare team to know about your phosphate binder therapy?

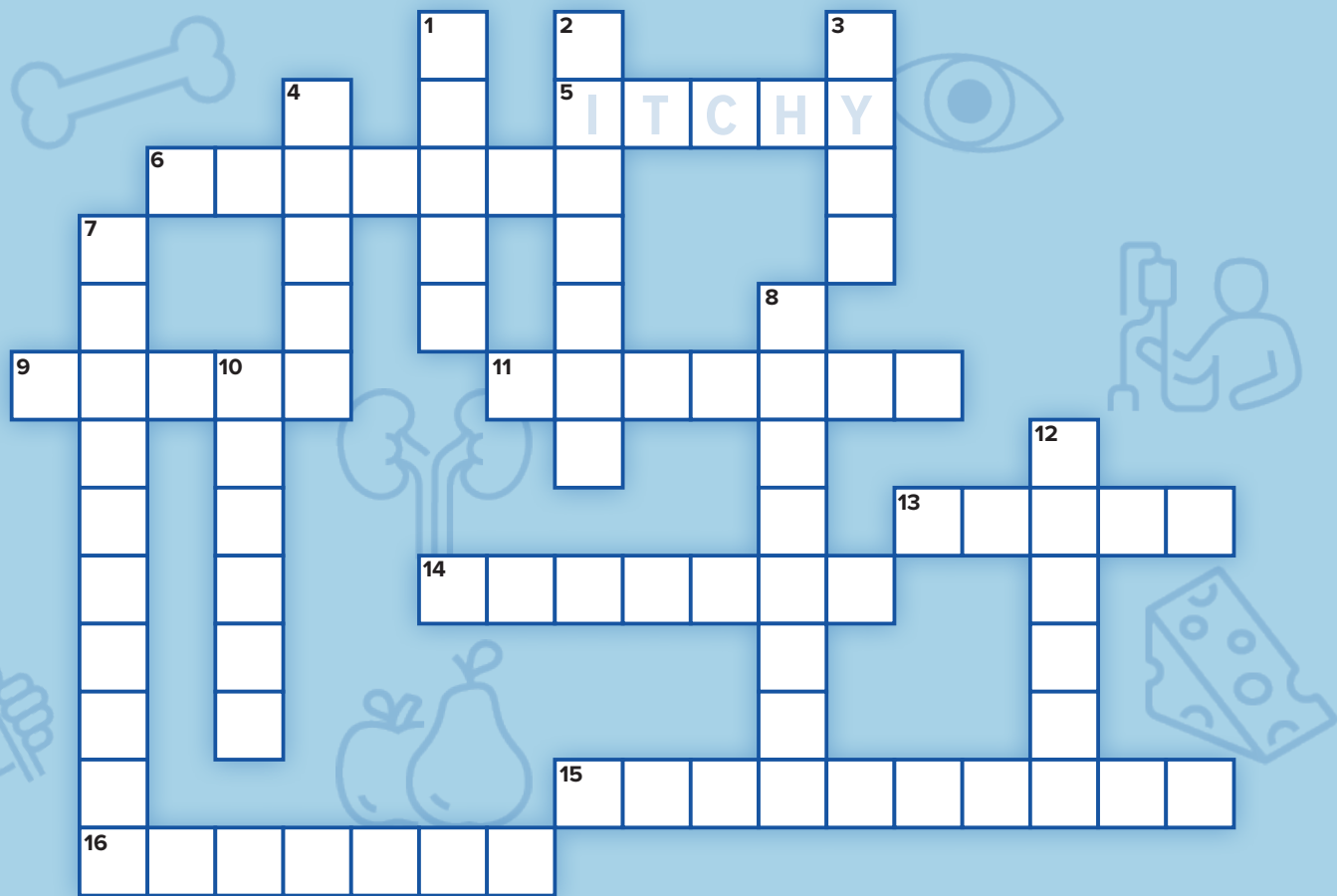
- ☐ No
☐ Yes (If yes, what's on your mind?)



Share your responses with your healthcare team so they can better understand your phosphate binder experience and work with you to make it the best it can be!

Learn While You Play

Have fun testing your knowledge about phosphorus and phosphate binders.



Fill in the crossword puzzle with the words that complete the sentences below.

- DOWN

1.

If you are on dialysis, most of the foods you eat should be _____ and home-cooked.

2.

Phosphorus is a _____ found in your bones and comes from the foods you eat.

3.

One of the long-term effects of high phosphorus in the blood is red _____.

4.

Long-term, too much phosphorus in your blood can weaken your _____.

7.

_____ at your dialysis clinic can answer any questions you have about your phosphate binder.

8.

You can control your phosphorus in 3 ways: your diet, _____, and by taking a phosphate binder.

10.

Reading ingredient _____ can help identify added phosphorus in packaged foods.

12.

The medicine that works like a magnet to attract phosphorus is called a phosphate _____.
- ACROSS

5.

One of the long-term effects of high phosphorus in the blood is _____ skin.

6.

Chicken, turkey, and fish are sources of _____ that are lower in phosphorus.

9.

Phosphate binders are taken with _____.

11.

Phosphorus, vitamin D, and _____ need to be in balance to keep your bones healthy.

13.

Many _____ products, like milk and cheese, are high in phosphorus.

14.

Your _____ are the organs that help remove extra phosphorus from your body.

15.

Naturally occurring, or organic, _____ is less easily absorbed from plant foods than animal foods.

16.

Your clinical care team will help you _____ in taking care of your health.