



IGA NEPHROPATHY FOUNDATION

IgA Nephropathy Foundation Ambassador Program

APPLICATION

Name: _____

Home address:

Street: _____

Town/City: _____ State: _____

Mobile #: _____ Home phone#: _____

Email address: _____

1. What is your date of birth? _____

2. What is the highest degree or level of school you have completed?

- Some high school, no diploma
- High school graduate, diploma or the equivalent (for example, GED)
- Trade/technical/vocational training
- Associate degree
- Bachelor's degree
- Master's degree
- Doctorate degree

3. How long ago were you diagnosed with IgA Nephropathy?

Within the last 1-2 years

- Within the last 3-5 years
- 6-9 years
- 10 years or longer

4. Which best describes you:

- Someone living with IgA Nephropathy
- Someone caring for someone with IgA Nephropathy (If you are a caregiver, please answer the next few questions based on the person who has IgA Nephropathy)
- Other: _____

5. What is the current stage of your kidney disease?

- 1
- 2
- 3
- 4
- I'm not sure

6. What steps have you or are you taking to manage IgA Nephropathy? (Please check all that apply.)

- Taking medications
- Tracking and managing your blood pressure
- Watching salt (sodium) intake
- Cutting back on alcohol
- Being physically active, moving my body more
- Managing stress levels
- Treating other conditions, such as diabetes or high cholesterol
- Dialysis
- Transplant
- Other: _____

7. Do you have any of the following conditions that can be associated with or coexist with IgA Nephropathy? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> High phosphorous |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Bone issues |
| <input type="checkbox"/> Heart or blood vessel disease | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Vitamin D deficiency | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Anemia | |
| <input type="checkbox"/> Anxiety or depression around managing IgA Nephropathy, feeling in constant worry that your kidneys might fail or not work well enough | |
| <input type="checkbox"/> Other: _____ | |

8. Tell us a little bit about yourself and how you first learned you had IgA Nephropathy?

9. Please describe how you think you can make a positive difference for other patients or caregivers facing IgA Nephropathy (Please explain in a few paragraphs, give examples of your experience managing IgA Nephropathy, any challenges, and how that might help others)?

10. How easy or difficult is it for you to explain IgA Nephropathy to people unfamiliar with the condition?

- Easy
- Somewhat difficult
- Difficult
- Very difficult

11. What do you think people misunderstand most about IgA Nephropathy? How would you help educate them?

12. Tell us a little about your recent leadership experience either through a job or as a volunteer? Did this involve helping to educate or engage others around a particular cause? Please explain.

13. Which of the following activities interests you most? (Please select your top 3)

- Offer peer support
- Lead a local support group
- Raise awareness and/or educate people about the condition
- Help with community outreach and/or partner with local nephrology care providers
- Promote IgA Nephropathy Foundation efforts
- Help with fundraising
- Attend SPARK, the IgA Nephropathy Foundation's annual meeting for patients and caregivers to learn the latest information about the condition and build relationships
- Other: _____

14. Are you willing to travel to SPARK?

- Yes
- No
- Depends where it is

15. What amount of time are you comfortable giving to the Ambassador Program?

- 2-3 hours a week
- 4-6 hours a week
- 7-10 hours a week
- Other: _____ (feel free to note, hours available, certain times of the year when you may have more time available, etc.)

Thanks for your time and interest.



For more information, go to www.igan.org.