

## Appendix

### **The Kidney Disease Quality of Life (KDQoL™-36) questionnaire**

The Kidney Disease Quality of Life (KDQoL™-36) questionnaire is composed by the following subscales: Short Form-12 Physical Component Score (SF-12 PCS) and Short Form-12 Mental Component Score (SF-12 MCS); Burden of Kidney Disease (BKD); Symptoms of Kidney Disease (SKD); Effects of Kidney Disease (EKD). In the following sections the questions divided per section are reported.

#### *Short Form-12 Physical Component Score (SF-12 PCS) and Short Form-12 Mental Component Score (SF-12 MCS)*

Questions 1 to 12 of KDQOL-36 questionnaire.

- In general, would you say your health is: Ratings occur along a 5-point Likert scale (1= Excellent; 5= Poor) (item 1; i1).

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Ratings occur along a 3-point Likert scale (1= Yes, limited a lot; 3= No, not limited at all):

- Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf (i2)
- Climbing several flights of stairs (i3)

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Options were 1=yes, 2=no:

- Accomplished less than you would like (i4)
- Were limited in the kind of work or other activities (i5)

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Options were 1=yes, 2=no:

- Accomplished less than you would like (i6)
- Didn't do work or other activities as carefully as usual (i7)

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- During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? Ratings occur along a 5-point Likert scale (1= Not at all; 5= Extremely) (i8)

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. Ratings occur along a 6-point Likert scale (1= All of the time ; 6= None of the time):

- Have you felt calm and peaceful? (i9)
- Did you have a lot of energy? (i10)
- Have you felt downhearted and blue? (i11)
- During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? Ratings occur along a 5-point Likert scale (1= All of the time ; 5= None of the time) (i12)

### *Burden of Kidney Disease (BKD)*

Questions 13 to 16 of KDQOL-36 questionnaire.

How true or false is each of the following statements for you? Ratings occur along a 5-point Likert scale (1= Definitely true ; 5= Definitely false):

- My kidney disease interferes too much with my life (i13)
- Too much time is spent dealing with kidney disease (i14)
- I feel frustrated dealing with my kidney disease (i15)
- I feel like a burden on my family (i16)

### *Symptoms of Kidney Disease (SKD)*

Questions 17 to 28b of KDQOL-36 questionnaire.

During the past 4 weeks, to what extent were you bothered by each of the following? Ratings occur along a 5-point Likert scale (1= Not at all; 5= Extremely bothered):

- Soreness in your muscles? (i17)
- Chest pain? (i18)
- Cramps? (i19)
- Itchy skin? (i20)

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- Dry skin? (i21)
- Shortness of breath? (i22)
- Faintness or dizziness? (i23)
- Lack of appetite? (i24)
- Washed out or drained? (i25)
- Numbness in hands or feet? (i26)
- Nausea or upset stomach? (i27)
- Problems with your access/catheter site? (i28a and i28b)

### *Effects of Kidney Disease (EKD)*

Questions 29 to 36 of KDQOL-36 questionnaire.

How much does kidney disease bother you in each of the following areas? Ratings occur along a 5-point Likert scale (1= Not at all; 5= Extremely bothered):

- Fluid restriction? (i29)
- Dietary restriction? (i30)
- Your ability to work around the house? (i31)
- Your ability to travel? (i32)
- Being dependent on doctors and other medical staff? (i33)
- Stress or worries caused by kidney disease? (i34)
- Your sex life? (i35)
- Your personal appearance? (i36)