## **SUPPLEMENTAL MATERIAL**

## Supplemental Table: Baseline Characteristics of Chronic Renal Insufficiency Cohort Participants Included and Not Included in the Study.\*

	Included	Not Included	р
	(N=3,093)	(N=427)	
Age (years)	59 (11)	61 (10)	0.003
Female	45%	46%	0.63
Race/Ethnicity			<0.001
White	45%	30%	
Black	39%	57%	
Hispanic	12%	12%	
Other	4%	4%	
Diabetes mellitus	46%	73%	<0.001
Hypertension	46%	73%	<0.001
Current Smoker	12%	13%	0.52
<b>Current Alcohol Use</b>	59%	45%	<0.001
Cardiovascular	28%	68%	<0.001
Disease			
Body Mass Index	31.8 (7.6)	34.3 (8.5)	<0.001
(kg/m²)	, ,	, ,	
Systolic Blood	126 (21)	132 (24)	<0.001
Pressure (mmHg)			
Diastolic Blood	70 (13)	68 (14)	0.004
Pressure (mmHg)			
eGFR	43.5 (16.9)	34.5 (14.9)	<0.001
(mL/min/1.73m <sup>2</sup> )	, ,	, ,	
24-hour Urine	0.9 (1.8)	1.6 (3.1)	<0.001
Protein (g/24 hrs.)			
Hemoglobin (g/dL)	12.9 (1.8)	12.2 (1.9)	<0.001
Low-density	100 (35)	91 (34)	<0.001
lipoprotein (mg/dL)			
High-density	49 (16)	45 (15)	<0.001
lipoprotein (mg/dL)			
NT-proBNP (pg/mL) †	124 (55, 299)	510 (221, 1441)	<0.001
Troponin T (pg/mL) †	11 (5, 20)	24 (14, 43)	<0.001

<sup>\*</sup>Note: Mean (Standard Deviation) reported for continuous variables and percentage for categorical variables. P values are obtained using Kruskal-Wallis tests for continuous variables and Chi-square tests for categorical variables.

Abbreviations: estimated glomerular filtration rate (eGFR);N-terminal pro b-type natriuretic peptide (NT-proBNP)

<sup>&</sup>lt;sup>†</sup>Reported as Median (Interquartile Range)

## THE KANSAS CITY QUESTIONNAIRE:

This questionnaire was \_\_\_\_\_ self-administered

The following questions refer to **symptoms of shortness of breath, fatigue (weariness), or ankle swelling** that some people with kidney disease have, and how they might affect your life. Please read and complete the following questions. There are no right or wrong answers. Please mark the answer that best applies to you.

1.			eath or fatigue tness of breath o	in your ability or <i>fatigue</i> , pleas	to do the fo se mark "No	ollowing act	ivities <u>ove</u>	much you have or the past 2 weeks
Acti	ivity	Extreme Limited	ely Quite a bit	n one box on on Moderately Limited		Not at all Limited		for other reasons or ot do the activity
Dres	ssing yourself							
Sho	wering/Bathing							
grou								
or ca	ng yardwork, house arrying groceries							
with	nbing a flight of state	_						
	rying or jogging (a h a bus)	s if to						
2.	swelling that yo	2 weeks ago, ha ou have? If you n nptoms have be	ever have these					
		Much worse	Slightly worse	Not changed	Slightly bett	er Much l		we had no symptoms ver the last 2 weeks
3.		weeks, on avera have no shortnes						y to do what you
	All of the time	Several times per day	At least once a day	3 or more tin week, but not e		1-2 times per week	Less than	
4.	Over the past 2	weeks, how muc	ch has <b>shortnes</b> s	s <b>of breath</b> bot	thered you?	It has been		
		Extremely bothersome	Quite a bit bothersome	Moderately bothersome	Slightly botherson	ne bothe	at all I	ve had no shortness of breath
5.		weeks, on avera o prop you up be				to sleep sit	ting up in	a chair or with at
	Eve	ery night 3 c	or more times per but not every nig		mes a week	Less that		Never over the past 2 weeks
							]	
6.	Over the past 2	weeks, on avera	ge, how many ti	mes has <b>fatig</b> u	e limited yo	our ability to	o do what	you want?
	All of the time	Several times a		3 or more times week, but not ever	1		ess than	Never over the past 2 weeks
		day □			ay uay a			
		<b>Extremely</b> bothersome	Quite a bit bothersome	<b>Moderately</b> bothersome	Slightly bothersor		at all ersome	I've had no fatigue

\_\_\_\_ administered by study personnel

7.	Over the past 2 weeks, how much	□ ch has <b>fatigue</b> b	oothered you? I	t has been				
8.	Over the past 2 the morning?	weeks, how ma	ny times did yo	ou have <b>swell</b>	ing in you	ır feet, anl	kles or legs wh	nen you woke up in
	-	Every morning		mes per week, ery morning	1-2 tim	es a week	Less than one week	ce a Never over the past 2 weeks
9.	Over the past 2	weeks, how mu	ch has <b>swellin</b>	g in your feet	, ankles o	r legs both	ered you? It h	as been
		<b>Extremely</b> bothersome	Quite a bit bothersome	Moderate bothersom		<b>ightly</b> nersome	Not at all bothersome	I've had no swelling
10.	or whom to call						are you that y	ou know what to do,
		Not at all su	re Not ve	ery sure	Somewha	at sure	Mostly sure	Completely sure $\Box$
11.	. How well do yo	u understand w	hat things you	are able to do	to keep s	hortness	<b>of breath</b> from	n getting worse?
	Do no understand		stand a little	Somewhat understand		Mostly nderstand	Complete understa	
12.	Over the past 2	weeks, how mu	ch has <b>shortne</b>	ess of breath	limited yo	our enjoyn	nent of life?	
	It has <b>extre</b> limited enjoyment	my enjo	as limited my byment of life quite a bit	It has <b>mod</b> limited enjoymen	l my		ghtly limited yment of life	It has <b>not</b> limited my enjoyment of life <b>at all</b>
		or me			t of fife			
13.	If you had to spewould you feel	•	our life with th	ne amount of	shortness	of breatl	h that you have	e <u>right now</u> , how
		Completely lissatisfied	Mostly dissatisfied	Somewhat satisfied		ostly sfied	Completely satisfied	I do not have shortness of breath
14.	Over the past 2 breath?	weeks, how oft	en have you fel	t discouraged	l or down	in the dur	nps because of	f s <b>hortness of</b>
	orcum.	I felt that wa		ne time	I occasion that w		I rarely felt the	way
15.	How much does your participation		ing activities o	ver the past 2	weeks.		these sympto:	ms may have limited
		Extr	Place an emely Quite	X in one box a bit Mod		line Slightly	Not at all L	imited for other reasons
Acti	ivity		nited Lim			Limited	Limited	or does not apply
	bies, recreational a							
Wor chor	rking or doing hous res	ehold						