The Kidney Disease Quality of Life (KDQOL-36) survey, published in 2000, is a widely used tool for assessing quality of life among patients with end-stage renal disease (ESRD). Since 2008, the Centers for Medicare and Medicaid Services (CMS) have mandated annual assessment of health-related quality of life as part of its conditions for coverage for ESRD facilities.1 - The Kidney Disease Quality of Life (KDQOL-36) survey, published in 2000, is the most widely used tool for this assessment.2 - Its 36 questions comprise 5 subscales: Physical Component Summary (PCS), Mental Component Summary (MCS), Burden of Illness (BIO), Symptoms and Problems of Kidney Disease (SPKD), and Body Image of Kidney Disease (EID).3

Scores range from 0-100 points, with higher scores being more favorable. The construct validity of the KDQOL-36 among a large, nationally representative cohort of contemporary dialysis patients has not been established.

**Objective**

In a large, contemporary cohort of dialysis patients:
- Determine survey response rates
- Describe distribution of component scores and responses to individual items
- Determine the correlation between component scores, individual items, and objective measures of patient health
- Compare these parameters across patients treated with different dialysis modalities
- Determine the correlation between KDQOL subscales and health measures

**Methods**

This study considered survey offerings between 01 January 2014 and 21 December 2016 to patients who, as of survey date, were ≥18 years of age, were not Veterans Affairs beneficiaries, and were receiving dialysis care at a large dialysis organization (LDO) operating in the United States. Patient characteristics, dialysis treatment information, and survey responses were derived from electronic medical records maintained by the LDO. Among patients treated with conventional in-center hemodialysis, survey return was considered with respect to treatments occurring in the 30 days prior to the survey date. Frequent excessive IDWG was defined as a median of ≥10% of target weight in 10% of treatments. A survey was considered completed if the patient returned the survey. Survey rates were calculated from all responses to individual items or complete surveys. A survey was considered declined if the patient declined the survey outright, or failed to complete length. Items in-3-2. Inferences in the survey were not offered to a patient due to health or other concerns were excluded from the analysis (so did not count as completed or declined).

Differences were observed across modalities with respect to BKD, SPKD, and EKD differences were moderate. Scores on the SPKD were markedly skewed, with median scores above 80 points in all modalities. For 3 of 12 items in this subscale, 65% of patients were “not at all” or “somewhat” bothered. For all 12 items, >65% of patients were “not at all” or “somewhat” bothered. <10% of patients were “extremely” bothered (Figure 3).

**Results**

**Patient Characteristics and Survey Completion**

- If multiple surveys were offered during a given survey window (4 months, 1 year, 2 years), only the first survey was considered.
- Survey response rate was lower among patients who were ≤65 years of age, of Asian race, patients treated with in-center hemodialysis, of ≥36 months dialysis vintage, with BMI ≥25 kg/m², and with Charlson Comorbidity Index scores ≥7.
- A survey was considered completed if the patient responded to, at minimum, items 1-12 (comprising PCS and MCS).
- A survey was considered declined if the patient declined the survey outright, or failed to complete at least items 25-36.

**Distribution of Domain Scores and Individual Item Responses**

- Scores on the PCS and MCS of the KDQOL-36 were similar across treatment modalities (Figure 2).
- Some differences were observed across modalities with respect to BKD, SPKD, and EKD differences were modest.
- Scores on the SPKD were markedly skewed, with median scores above 80 points in all modalities.
- For 3 of 12 items in this subscale, 65% of patients were “not at all” or “somewhat” bothered.
- For all 12 items, >65% of patients were “not at all” or “somewhat” bothered.
- <10% of patients were “extremely” bothered (Figure 3).

**Scores on domains of the KDQOL-36 were similar across treatment modalities (Figure 2).**

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