## **Supplementary material 1: Topic guide outline for interviews**

1. To begin, can you tell me a little bit about how you came to be on dialysis? 2. Has dialysis affected you physically? Prompts: -Weakness, -Slowness, - -Exhaustion, -Levels of physical activity -Unexplained weight loss 3. Has dialysis affected you in any other ways? Prompts – changes/challenges to: Daily routine Health, other long term conditions Interactions with healthcare professionals Needing help with ADLS/finance/medication Social interactions and hobbies Cognition, concentration and memory Psychological – happiness, loneliness, emotion, outlook on life, confidence 4. One of the reasons I asked you to take part in this study is because you have had a fall in the past. Can you tell me about what happened when you last fell? Prompts:

Do they remember?

| -   | Activity at time?                              |
|---|--|
| -   | Direction of fall?                             |
| -   | Where? Probe into environment factors involved |
| -   | Time of day?                                   |
| -   | Alone or accompanied?                          |
| -   | Injury?  |
| -   | Able to get up?                                |
| -   | Pendant alarm                                  |
| 5. What do you think caused you to fall over? |  |
| -   | Environment (home, dialysis, outside)          |
| -   | Post dialysis effects                          |
| -   | Cardiac impairment                             |
| -   | Balance impairment                             |
| -   | Neurological cause                             |
| -   | ENT impairment                                 |
| -   | External force                                 |
| -   | Lack of activity/ weakness                     |
| -   | Pre-existing health problem                    |
| -   | Medication                                     |
| Did others have different ideas of cause?     |  |
| 6. What happened immediately after you fell?  |  |

Healthcare utilisation/ contact with health professional or other service

What self-care did they undertake?

dizziness/ unsteadiness/ trips and slips/ vertigo/ syncope

- Family response/ impact
- Social impact / impact on daily life and routine
- Emotional impact / impact on confidence
- Physical impact health/ activity levels/ function
- 7. What happened because of the fall in the longer term?
- Same prompts as question 6
- 8. Did you discuss this fall anyone at the time?

## Prompts:

- If yes who[Healthcare professionals, family friends etc.]? Who initiated this and why, what discussed, with whom, outcome?
- If no why not?
- 9. Were you offered any support or treatment after you fell?
  - Yes what support was offered?
  - Thoughts on what was offered/advised/suggested?
  - Did they take it? Outcome? Any challenges to participating?
  - No/ not take why not? What do you think would have been useful?