**Background:** Haemodynamic instability during dialysis is associated with poor cardiovascular outcomes yet remains a frequent complication of haemodialysis (HD). Risk factors include high ultrafiltration (UF) volumes and rates (UFR). Data concerning the relationship between haemodynamic instability and patient-reported outcomes is scarce. The aim of this study was to investigate *1)* the rates of intra-dialytic hypotension (IDH) and blood pressure (BP) variability during dialysis in adults undergoing frequent home-based dialysis over a 1-year period and *2)* their association with UF volumes, UFR and patient reported outcomes.

**Methods:** The Wessex Kidney Centre has a large patient cohort dialysing at home using NxStage System 1. Clinical details of each dialysis session were routinely uploaded by patients onto a digital remote monitoring platform (MyRenalCare®) along with patient reported outcomes, including dialysis recovery time and intra-dialytic symptomatology. Retrospective data from 83 patients (10,822 dialysis sessions) during the period January 1st - December 31st 2017 were examined. All data was anonymised prior to download and analysis. IDH was defined as syncope or pre-syncope (light-headedness) during dialysis. Delta (Δ) systolic BP (SBP) was calculated by subtracting post-dialysis SBP from pre-dialysis SBP and is presented as a percentage change. Statistical analysis was performed using a one-way ANOVA with Bonferonni corrected post hoc tests.

**Results:**  Of 10,822 dialysis records, 692 were excluded from the analysis due to inaccuracies in data entry. The mean (SD) pre-dialysis systolic BP was 135 mmHg (24 mmHg), with an average ΔSBP of 3.7%, UFR of 4.5 mL·kg-1·h-1 and UF volume of 1.26 L. Of the sessions completed, 339 (3.3%) were complicated by symptomatic IDH. In the majority of sessions, participants were asymptomatic (73.9%) and recovered immediately following dialysis (75.6%). ΔSBP increased significantly and in a stepwise manner from asymptomatic individuals (3.5%) to those who suffered with headaches (5.7%, *p*<0.0001), light headedness (11.1%, *p*<0.0001) and syncope (25.8%, *p*<0.0001) during dialysis, despite having similar or lower UF volumes and UFRs. Similarly, patients who recovered immediately following dialysis had a significantly lower ΔSBP (2.8%) than individuals who took up to 2 h (5.8% *p* < 0.0001), between 2 and 6 h (5.9%, *p* < 0.0001) and more than 6 h (12.3%, *p* < 0.0001) to recover, despite having similar or lower UF volumes and UFRs.

**Conclusion:** This study demonstrates a relationship between haemodynamic instability and worsening patient reported outcomes specifically, longer post-dialysis recovery times and increased intra-dialytic symptomatology, in adults receiving frequent dialysis at home. Additionally, it challenges the traditional viewpoint that the key risk factors associated with haemodynamic (in)stability in this patient group are UFR and/or UF volume. Further research in this area is warranted.