Supplementary Materials

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First, please answer some general questions about you.

What is your date of birth?

How old are you today?

What is your current zip code?

Which of the following best describes your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary/Third gender
- ☐ Transgender female
- ☐ Transgender male
- ☐ Other (please describe):
- ☐ Don't know or choose not to answer

Which of the following best describes your race?

- ☐ White
- ☐ Black
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Another race (please describe):
- ☐ Two or more races
- ☐ Don't know or choose not to answer

Are you of Spanish, Hispanic, or Latino origin?

- ☐ Yes
- ☐ No
- ☐ Don’t know or choose not to answer

What’s the highest grade in school that you completed?

- ☐ No formal schooling
- ☐ 1 – 11 years of school (less than 12)
- ☐ High school or GED equivalent
- ☐ Two-year college/ Associates degree
- ☐ Four-year college
- ☐ Master’s degree
- ☐ Law degree
- ☐ MD or PhD
- ☐ Multiple graduate degrees
- ☐ Other (please describe):
- ☐ Don’t know or choose not to answer

What is your current marital status?

- ☐ Married
- ☐ Living with a partner
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Never married
- ☐ Don’t know or choose not to answer

The following are several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months—that is, since last _____.

	Often true	Sometimes true	Never true	Don't know or choose not to answer
"(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more"	☐	☐	☐	☐
"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."	☐	☐	☐	☐
"(I/we) couldn't afford to eat balanced meals."	☐	☐	☐	☐

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If you answered "Never true" to all 3 questions, **skip to page 8.**

In the last 12 months, since last _____, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- ☐ Yes
- ☐ No
- ☐ Don't know or choose not to answer

If yes, how often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- ☐ Almost every month
- ☐ Some months but not every month
- ☐ Only one or two months
- ☐ Don't know or choose not to answer

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- ☐ Yes
- ☐ No
- ☐ Don't know or choose not to answer

In the last 12 months, were you every hungry but didn't eat because there wasn't enough money for food?

- ☐ Yes
- ☐ No
- ☐ Don't know or choose not to answer

In the last 12 months, did you lose weight because there wasn't enough money for food?

- ☐ Yes
- ☐ No
- ☐ Don't know or choose not to answer

If you answered "No" to all four questions, **skip to page 8.**

In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?

- ☐ Yes
- ☐ No
- ☐ Don’t know or choose not to answer

If <u>yes</u>, how often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- ☐ Almost every month
- ☐ Some months but not every month
- ☐ Only one or two months
- ☐ Don’t know or choose not to answer

These next questions ask about your housing situation. Choose the one best answer for you.

Do you have a home of your own that is safe and where you have lived for the past 90 days?

- ☐ Yes
- ☐ No

Are you worried that you may not have a home of your own that is safe and where you can live for the next 90 days?

- ☐ Yes
- ☐ No

These next questions are about your finances. Choose the one best answer for you.

Which of these categories best describes your total combined family income for your household in the last 12 months? This should include income (before taxes) from all sources, wages, rent from properties, social security, disability and/or veteran's benefits, unemployment benefits, workman's compensation, help from relatives (including child payments and alimony), and so on.

- ☐ <$14,000
- ☐ $14,000 - <$25,000
- ☐ $25,000 - <$50,000
- ☐ $50,000 – <$75,000
- ☐ $75,000 - <$100,000
- ☐ $100,000 - <$150,000
- ☐ >=$150,000
- ☐ Choose not to answer
- ☐ Don't know/not sure

How do your household finances usually work out at the end of the month?

- ☐ Some money left over
- ☐ Just enough money to make ends meet
- ☐ Not enough money to make ends meet
- ☐ Choose not to answer

This next section is about alcohol, tobacco products and other drugs. We will ask you some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected, or taken in the form of pills.

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). We will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let us know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

1. In your life, which of the following substances have you ever used? (NON-MEDICAL USE ONLY)

List of Substances	Yes	No
Tobacco products cigarettes, chewing tobacco, cigars, etc.	☐	☐
Alcoholic beverages beer, wine, spirits, etc.	☐	☐
Cannabis marijuana, pot, grass, hash, etc.	☐	☐
Cocaine coke, crack, etc.	☐	☐
Amphetamine type stimulants speed, diet pills, ecstasy, etc.	☐	☐
Inhalants nitrous, glue, petrol, paint thinner, etc.	☐	☐
Sedatives or sleeping pills valium, serepax, rohypnol, etc.	☐	☐
Hallucinogens LSD, acid, mushrooms, PCP, special K, etc.	☐	☐
Opioids heroin, morphine, methadone, codeine, etc.	☐	☐
Other (Please describe):	☐	☐

If you answered "No" to all substances, **skip to page 24.**

2. In the past three months, how often have you used the following substances?

List of Substances	Never	Once or twice	Monthly	Weekly	Daily or almost daily
Tobacco products cigarettes, chewing tobacco, cigars, etc.	☐	☐	☐	☐	☐
Alcoholic beverages beer, wine, spirits, etc.	☐	☐	☐	☐	☐
Cannabis marijuana, pot, grass, hash, etc.	☐	☐	☐	☐	☐
Cocaine coke, crack, etc.	☐	☐	☐	☐	☐
Amphetamine type stimulants speed, diet pills, ecstasy, etc.	☐	☐	☐	☐	☐
Inhalants nitrous, glue, petrol, paint thinner, etc.	☐	☐	☐	☐	☐
Sedatives or sleeping pills valium, serepax, rohypnol, etc.	☐	☐	☐	☐	☐
Hallucinogens LSD, acid, mushrooms, PCP, special K, etc.	☐	☐	☐	☐	☐
Opioids heroin, morphine, methadone, codeine, etc.	☐	☐	☐	☐	☐
Other (please describe):	☐	☐	☐	☐	☐

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If you answered "Never" to all substances, **skip to Question 6**

3. During the <u>past three months</u>, how often have you had a strong desire or urge to use the following substances?

List of Substances	Never	Once or twice	Monthly	Weekly	Daily or almost daily
Tobacco products cigarettes, chewing tobacco, cigars, etc.	☐	☐	☐	☐	☐
Alcoholic beverages beer, wine, spirits, etc.	☐	☐	☐	☐	☐
Cannabis marijuana, pot, grass, hash, etc.	☐	☐	☐	☐	☐
Cocaine coke, crack, etc.	☐	☐	☐	☐	☐
Amphetamine type stimulants speed, diet pills, ecstasy, etc.	☐	☐	☐	☐	☐
Inhalants nitrous, glue, petrol, paint thinner, etc.	☐	☐	☐	☐	☐
Sedatives or sleeping pills valium, serepax, rohypnol, etc.	☐	☐	☐	☐	☐
Hallucinogens LSD, acid, mushrooms, PCP, special K, etc.	☐	☐	☐	☐	☐
Opioids heroin, morphine, methadone, codeine, etc.	☐	☐	☐	☐	☐
Other (please describe):	☐	☐	☐	☐	☐

4. During the past three months, how often has your use of the following substances led to health, social, legal, or financial problems?

List of Substances	Never	Once or twice	Monthly	Weekly	Daily or almost daily
Tobacco products cigarettes, chewing tobacco, cigars, etc.	☐	☐	☐	☐	☐
Alcoholic beverages beer, wine, spirits, etc.	☐	☐	☐	☐	☐
Cannabis marijuana, pot, grass, hash, etc.	☐	☐	☐	☐	☐
Cocaine coke, crack, etc.	☐	☐	☐	☐	☐
Amphetamine type stimulants speed, diet pills, ecstasy, etc.	☐	☐	☐	☐	☐
Inhalants nitrous, glue, petrol, paint thinner, etc.	☐	☐	☐	☐	☐
Sedatives or sleeping pills valium, serepax, rohypnol, etc.	☐	☐	☐	☐	☐
Hallucinogens LSD, acid, mushrooms, PCP, special K, etc.	☐	☐	☐	☐	☐
Opioids heroin, morphine, methadone, codeine, etc.	☐	☐	☐	☐	☐
Other (please describe):	☐	☐	☐	☐	☐

5. During the past three months, how often have you failed to do what was normally expected of you because of your use of the following substances?

List of Substances	Never	Once or twice	Monthly	Weekly	Daily or almost daily
Tobacco products cigarettes, chewing tobacco, cigars, etc.	☐	☐	☐	☐	☐
Alcoholic beverages beer, wine, spirits, etc.	☐	☐	☐	☐	☐
Cannabis marijuana, pot, grass, hash, etc.	☐	☐	☐	☐	☐
Cocaine coke, crack, etc.	☐	☐	☐	☐	☐
Amphetamine type stimulants speed, diet pills, ecstasy, etc.	☐	☐	☐	☐	☐
Inhalants nitrous, glue, petrol, paint thinner, etc.	☐	☐	☐	☐	☐
Sedatives or sleeping pills valium, serepax, rohypnol, etc.	☐	☐	☐	☐	☐
Hallucinogens LSD, acid, mushrooms, PCP, special K, etc.	☐	☐	☐	☐	☐
Opioids heroin, morphine, methadone, codeine, etc.	☐	☐	☐	☐	☐
Other (please describe):	☐	☐	☐	☐	☐

6. Has a friend or relative or anyone else ever expressed concern about your use of the following substances?

List of Substances	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
Tobacco products cigarettes, chewing tobacco, cigars, etc.	☐	☐	☐
Alcoholic beverages beer, wine, spirits, etc.	☐	☐	☐
Cannabis marijuana, pot, grass, hash, etc.	☐	☐	☐
Cocaine coke, crack, etc.	☐	☐	☐
Amphetamine type stimulants speed, diet pills, ecstasy, etc.	☐	☐	☐
Inhalants nitrous, glue, petrol, paint thinner, etc.	☐	☐	☐
Sedatives or sleeping pills valium, serepax, rohypnol, etc.	☐	☐	☐
Hallucinogens LSD, acid, mushrooms, PCP, special K, etc.	☐	☐	☐
Opioids heroin, morphine, methadone, codeine, etc.	☐	☐	☐
Other (please describe):	☐	☐	☐

7. Have you ever tried and failed to control, cut down, or stop using the following substances?

List of Substances	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
Tobacco products cigarettes, chewing tobacco, cigars, etc.	☐	☐	☐
Alcoholic beverages beer, wine, spirits, etc.	☐	☐	☐
Cannabis marijuana, pot, grass, hash, etc.	☐	☐	☐
Cocaine coke, crack, etc.	☐	☐	☐
Amphetamine type stimulants speed, diet pills, ecstasy, etc.	☐	☐	☐
Inhalants nitrous, glue, petrol, paint thinner, etc.	☐	☐	☐
Sedatives or sleeping pills valium, serepax, rohypnol, etc.	☐	☐	☐
Hallucinogens LSD, acid, mushrooms, PCP, special K, etc.	☐	☐	☐
Opioids heroin, morphine, methadone, codeine, etc.	☐	☐	☐
Other (please describe):	☐	☐	☐

<u>If yes</u> to any substance in Question 7, how could the people who work at your dialysis facility help you?

Have you <u>ever</u> used any drug by injection? (NON-MEDICAL USE ONLY)

- ☐ No, never
- ☐ Yes, in the past 3 months
- ☐ Yes, but not in the past 3 month

Table S1. Unadjusted Odds of Food Insecurity by Demographic Risk Factors and Residential Segregation

Sample Characteristics	Residential Segregation		
	More Segregated[1] ***n = 49*** **OR (95% CI)**	**Less Segregated[2]** ***n = 56*** **OR (95% CI)**	**Interaction term p-value[3]**
Age Group (years)			
55 – 86	(ref)	(ref)	
27 – 54	3.3 (1.49 – 7.32)	1.42 (0.71 – 2.85)	0.12
Gender			
Female	(ref)	(ref)	
Male	3.7 (1.61 – 8.53)	0.85 (0.45 – 1.6)	0.006

[1]County-level Dissimilarity Index above median of 61; interpretation: more than 61% of residents would have to relocate within locality for distribution of Black and White residents to become even

[2]County-level Dissimilarity Index below median of 61

[3]Bivariate mixed effects logistic regression model with interaction term