Supplemental Figure: Study questionnaire

How would you describe your race?	Caucasian or White African American or Black Chinese Filipino Asian Indian Native Hawain or other Pacilfic islander Other Asian Other
How would you describe your ethnicity?	 ○ Not of Hispanic or Latino origin ○ Mexican, Mexican American, or Chicano ○ Other Hispanic or Latino origin
What is your country of birth?	
What is the highest grade or year of school you have completed?	 Primary school (finished around age 12) Secondary school (finished around age 18) Some college Finished college Attendend and/or finished graduate school
What language do you primarily speak at home?	☐ English ☐ Spanish ☐ Cantonese ☐ Mandarin ☐ Tagalog ☐ Russian ☐ Other
In which language do you communicate with your doctor?	☐ English ☐ Spanish ☐ Cantonese ☐ Mandarin ☐ Tagalog ☐ Russian ☐ Other
How well do you speak English?	○ Not at all○ Not well○ Well○ Very well
Have you ever been told by a doctor or health care provider: that you have weak or failing kidneys (excluding stones, bladder infections, or incontinence?_	○ Yes○ No○ Unsure
Have you ever been told by a doctor or other health care provider that you have kidney disease?	○ Yes○ No○ Unsure
Have you ever been told by a doctor or other health care provider that you have high blood pressure?	○ Yes○ No○ Unsure
Have you ever been told by a doctor or health care provider that you have protein in the urine?	○ Yes○ No○ Unsure
Have you ever been told by a doctor or other health care provider that you have diabetes or problems with high blood sugar?	○ Yes○ No○ Unsure
Have you ever been told by a doctor or other health care provider that you have a kidney problem?	○ Yes○ No○ Unsure
Have you ever been told by a doctor or other health care provider that you have high cholesterol?	○ Yes○ No○ Unsure
Have you ever been told by a doctor or other health care provider that your kidneys are damaged?	○ Yes○ No○ Unsure
How often do you have someone help you read hospital materials?	○ Never○ Occasionally○ Sometimes○ Often○ Always
How confident are you filling out medical forms by yourself?	 Extremely Quite a bit Somewhat Alittle bit Not at all
How often do you have problems learning about your medical condition because of difficulty understanding written information?	○ Never○ Occasionally○ Sometimes○ Often○ Always