Supplemental Table 1. COREQ 32-item checklist	
Domain 1: Research team and reflexivity	
1. Interviewer/facilitator	Katharina Echt, PhD
2. Credentials	PhD
3. Occupation	Research Scientist / Educator
4. Gender	Female
5. Experience and training	A trained life-span developmental psychologist and gerontologist, Dr. Echt is experienced with engaging diverse participants in dialogue including multiple studies exploring topics including adherence, sexual function, and incontinence using focus group methodology
6. Relationship established	None.
7. Participant knowledge of the interviewer	None. At the beginning of the focus group Dr. Echt introduced herself as a non-clinician in the role of non-authority "conversation guide." This included the following introductory statement: "You are our experts...I am here to guide you by asking you questions... I am not a clinician so I cannot give you specific answers to your personal health questions, but your questions will help us understand what information patients want to know."
8. Interviewer characteristics	Dr. Echt used her first name and led the conversation from a seated position with the goal of establishing a confidential, safe and relaxed environment for disclosing concerns and straight-forward, candid discussion. Ground rules were covered and stressed mutual respect, and that "there are no right or wrong *opinions*; everything you say will be helpful and valuable." The multidisciplinary investigator team discussed beliefs about the participants and CKD in the context of their professional, personal and social backgrounds, and carefully considered pre-existing assumptions about the research question at multiple study time points including planning, data collection and analysis.
Domain 2: Study design	
9. Methodological orientation and Theory	Grounded theory using a constant comparative method to simultaneously collect, code, and analyze data (Charmaz, 2014)
10. Sampling	Purposively sampled from a pool of 108 Atlanta VA Renal Clinic patients 70 years or older to obtain two groups of 5-8 participants per CKD trajectory (stable, linear decline, non-linear).
11. Method of approach	Letters were mailed to 108 patients to announce the study and inform them that we would be contacting them by phone to determine their interest in participation and eligibility. Participants were then recruited until we scheduled 5 to 8 individuals for each of the 6 focus groups
12. Sample size	30 participants, 6 focus groups
13. Non-participation	See Methods (page 6, para 2)
14. Setting of data collection	Focus groups were conducted in a research center conference room on a separate floor from the clinical care settings at the Atlanta VA Medical Center. Participants were welcomed, light

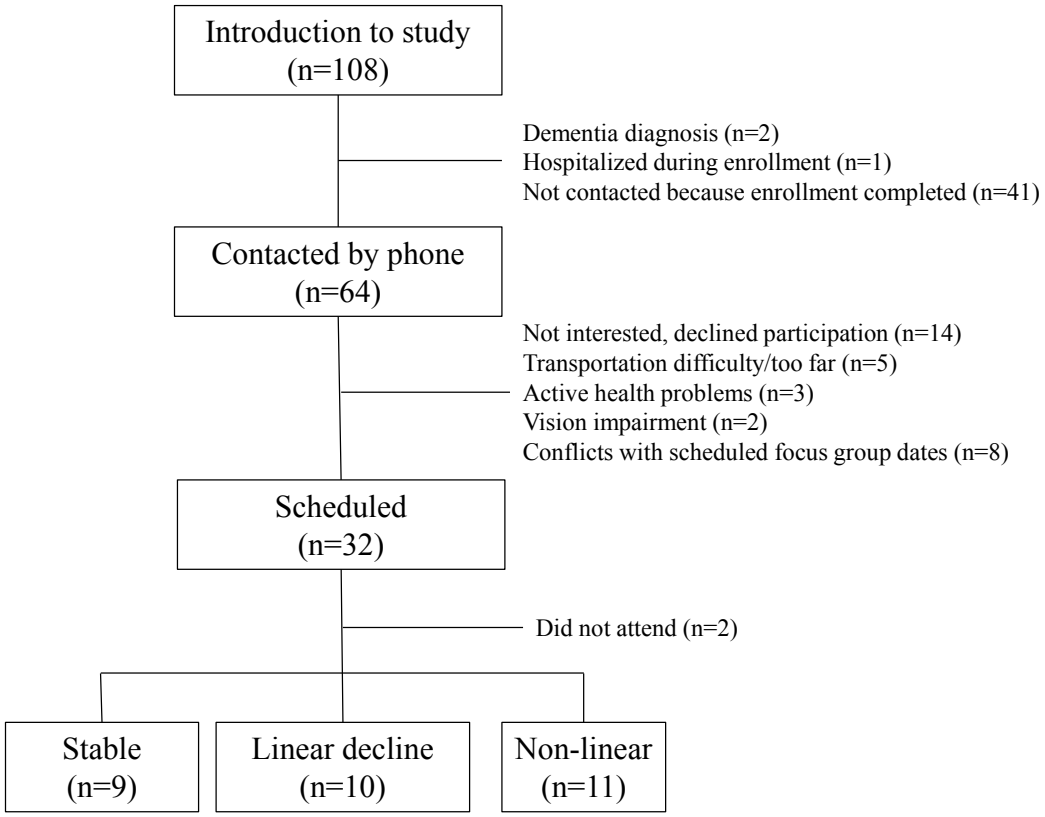
	refreshments were made available, and seating was arranged around a conference room table to foster discussion between the participants and the focus group facilitator.
15. Presence of non-participants	A non-clinician study team member was trained and served in the role of recorder, capturing non-verbal communications, "show of hands", and assisting the facilitator by welcoming and signing participants in, consenting participants, timing the session, break, and taking field notes during the session. The recorder was positioned behind the participants to limit intrusiveness
16. Description of sample	See Table 1
17. Interview guide	Each focus group followed a semi-structured facilitator guide. The facilitator guide's was refined based on co-investigator feedback, including specialists from nephrology (WM) and endocrinology (LP). The guide was piloted with representatives from the target populations to ensure clarity and relevance. See supplemental Table 2.
18. Repeat interviews	N/A
19. Audio/visual recording	Audio recorded
20. Field notes	The recorder took field notes on nonverbal communication, group dynamics and level of engagement.
21. Duration	Focus groups lasted 2 hours, with one 15 minute break, plus additional breaks as needed
22. Data saturation	The scope of the current project and available resources precluded sampling until we reached theoretical saturation. Stated barriers and facilitators did repeat across focus groups and their frequency is presented in Table 2.
23. Transcripts returned	Time and resource constraints precluded sharing transcripts with participants for their review.
Domain 3: Analysis and findings	
24. Number of data coders	1
25. Description of coding tree	Self-management behaviors were coded with the subcategories of patient adherence, tradeoffs, and refusals. Factors that shaped self-management, including symptoms, social support, and self-efficacy, were also identified and later grouped into three main categories: Health Condition(s), Environmental Factors, or Personal Factors. Repeated associations across categories were further coded.
26. Derivation of themes	During the first stage, open coding, the coder assigned a name to each coherent idea within the interview transcripts. During the second stage, focused coding, she grouped frequent and significant codes into conceptual categories with a range that described most of the responses. Barriers and facilitators as presented in Table 2 were derived and discussed among the first, second, and last authors until consensus was reached.
27. Software	Nvivo 10, QSR International
28. Participant checking	Member checks and verification were performed during segues between major topics, during the synthesis and intervention conceptualization segment of the focus group, and in the concluding recap and summary. In this fashion, ample

	opportunity was provided throughout and at the group closing to elaborate, clarify, and/or correct the facilitator's' teach-back and summative statements. Time and resource constraints precluded asking participants to provide feedback on the findings following analysis.
29. Quotations presented	See Results and Table 3
30. Data and findings consistent	There is consistency between the data presented and the findings.
31. Clarity of major themes	The central organizing concept that emerged from the analysis was managing complexity across multiple chronic conditions and their self-management guidelines. Stated self-management barriers and facilitators were easily grouped by Health Condition(s), Personal Factors, and Environmental Factors, in keeping with the ICF model.
32. Clarity of minor themes	N/A

Supplemental Table 2. Areas of chronic kidney disease self-management and facilitator questions	
Topic	**Questions**
Knowledge, (lived) experience with CKD	How long have you known that you have kidney problems?
Self-management	
Prescribed self-management / expectations/ recommendations	What has the doctor told you to do to take care of your kidneys?
Adherence	Day-to-day what do you do to follow these recommendations?
Current self-management activities	What do you do to keep you kidneys healthy?
Non-Adherence/ Challenging Tasks	People often find it hard to do everything that the doctor tells them to do. What are things you don't do? What things has the doctor asked you to do that are hard for you?
Barriers	What gets in the way of doing these things?
Facilitators	What are some tips / tricks you have found help?
Specific self-management tasks and needs	
Sodium and fluid management	Have you heard about limiting salt intake? <What have you heard? What is your experience?> Have you heard about getting the right amount of water? What would you need to limit salt? What would you need to get the right amount of water? How do people need this information?
Minerals and electrolytes	Have you heard about limiting potassium, phosphorus, or other minerals and electrolytes in your food? <What have you heard? What is your experience?> What would you need to limit these in your food? How do people need this information?
Protein	Have you heard about cutting back the amount of protein you eat? <What have you heard? What is your experience?> What would you need to cut-back the amount of protein in your food? How do people need this information?
Medications to avoid	Have you heard that certain pain medications like ibuprofen, aspirin, naproxen (Advil, Goody Powders, Aleve; NSAIDs) are not safe for your kidneys? <What have you heard? What is your experience?> How do you deal with pain? How do people need this information?
Taking CKD medications	Some people with kidney problems take medicines for their kidneys. <What have you heard? What is your experience?> How do you deal with taking your kidney medicines? What kinds of problems does this cause you? What would you need to take your medicine as prescribed? How do people need this information?
Decision-making	Some doctors ask their patients to think about some difficult decisions such as whether or not to start kidney dialysis if your kidneys stopped working. Have you experienced this? How did you deal with this?

Coping with self-management challenges	Please tell us about a time that it was hard to follow your doctor's recommendation for the treatment of your kidney problems. How did you deal with this? How did you decide what to do?

"< >" indicate facilitative prompts



Supplemental Figure. Description of study enrollment. We mailed letters to 108 Renal Clinic patients to announce the study, inform them that we would be contacting them by phone to determine their interest in participation and eligibility, and allow them to decline participation prior to our call. Of the 64 contacted by phone 30 patients participated in the focus groups.