## Item S1. Focus group question guide

Preamble: Our study is developing an educational video to help patients make decisions about treatment options for kidney failure such as dialysis or transplantation. You have been identified as a family member or friend of someone with kidney disease who is currently on [name appropriate treatment: in-center hemodialysis/home hemodialysis/peritoneal dialysis/living-donor kidney transplantation]. Over the next 90 minutes we will be talking about what you know about kidney failure treatment options, including [name treatment]. We will talk about your role in supporting the treatment decision for your family member or friend to start [name treatment]. We will also talk about your role in helping them receive [name treatment] and what you see as the advantages and disadvantages of this treatment.

Topics	Number	Question
Level of	1	Please think back to when you first learned about [name treatment]. How sick was your family
understanding of		member or friend or when you first learned about [name treatment]? (Prompts: Were they able
treatment options		to work/keep up with work? Able to do housework? Able to do childcare? Able to visit
before therapy		friends?)
begins/began	1a	Was your family member or friend already on dialysis when you first learned about kidney
l		transplant? (post-transplant groups only)
	2	Did you also learn about other treatment options before your family member or friend started
		[name treatment]? Please provide a short answer (yes or no).
	3	Looking back now, do you think your family member or friend had enough time to make a
		decision?
	3a	How well do you think you understand what [name treatment] would entail before your family
		member or friend started treatment? Please provide a short answer (well or not well).
	3b	With any treatment, things may come up that you don't expect. After your family member or
		friend started [name treatment], were there positive things about [name treatment] that
		surprised you or that you did not expect?
	3c	Similarly, were there negative things about [name treatment] that you did not expect?
Family member or	4	Please think back to when your family member or friend first started about [name treatment].
friend's involvement		What has been your role in helping your family or friend make any decisions about treatment?
in the patient's		(Prompts: For instance, did your family member or friend make the decision on their own? Did
decision making		you help them make the decision? Did you make the decision for your family member or
		friend?)
Ranking exercise:	5	Here is a list of factors patients who have kidney disease have said are important aspects of

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Kinds of information		their kidney disease treatments (published elsewhere). Please take a moment to look over this
family member or		list. Please spend the next few minutes choosing the 3 most important aspects of [name
friend would need or		treatment] you think other families facing a decision about kidney disease treatments should
want to help the		consider.
patient make decisions		
about treatment		
Concerns about treatment options for the patient	6	When you first talked with your family member or friend about [name treatment], what
		questions or concerns came up?
	ба	Tell us what your main concern was.
	6b	What do you think was your family member or friend's main concern?
Concerns about impact of treatment options on family	7a	In what positive ways does your family member or friend's [name treatment] affect you and
		your family?
	7b	In what negative ways does your family member or friend's [name treatment]affect you and
		your family?
Advantages and disadvantages of treatment	8a	Think about talking with the family member or friends of patients who are considering [name
		treatment] as one of their treatment options. What would do you think are the 3 best things
		about [name treatment]?
	8b	What are the 3 worst things about [name treatment]?
Knowledge and	9	When your family was deciding about a kidney transplant, how well informed did you feel
perceptions of		about what medical expenses your family member or friend's health insurance would cover for
insurance coverage/costs associated with living- donor kidney transplantation (post-		a kidney transplant? Please provide a short answer (well informed or not well informed).
	9a	For those of you who did not feel well informed, what kinds of questions did you have?
	9b	For those of you who were well informed, where did you find information about the financial
		details of transplantation?
	10	Have you or your family member or friend had to pay any out of pocket costs that were related
transplant groups		to the transplant either during the evaluation process or after the transplant? (Prompts:
only)		Childcare expenses? Time off work? Travel or lodging?)
	10a	Were there other things that you were worried about spending money on that you did not have
		to pay for?
	11	What do you know about your family member or friend's health insurance coverage after the
		transplant surgery?