Table S1. Japanese version of the Acceptance and Action Questionnaire - II (AAQ-II).

Stem	
Question 1	自分の苦しい経験や記憶は、私が大事にしている生活を送
	ることを困難にする。
	(Original: "My painful experiences and memories make it
	difficult for me to live a life that I would value")
Question 2	自分の感情に恐れを感じる
	(Original: "I'm afraid of my feelings")
Question 3	自分の悩みや感情をコントロールできないことについて
	心配する。
	(Original: "I worry about not being able to control my worries
	and feelings")
Question 4	自分の苦しい経験は、充実した生活を送る事の妨げとな
	る。
	(Original: "My painful memories prevent me from having a
	fulfilling life")
Question 5	感情は私の人生における問題の原因となる
	(Original: "Emotions cause problems in my life")
Question 6	多くの人は自分よりもうまく人生と付き合っているよう
	である。
	(Original: "It seems like most people are handling their lives
	better than I am")

Question 7	心配することは私の成功の妨げとなる
	(Original: "Worries get in the way of my success")
Response options	全くそうではない/めったにそうではない/ほとんどそうで
for Question	はない/ときどきそうではない/たびたびそうではない/た
	いていそうではない/常にそうである
	(Original: Never true / Very rarely true / Seldom true /
	Sometimes true / Frequently true / Almost Always true /
	Always true)

The original English version is also provided for each item and response.

References

Shima T, Yanagihara M, Kawai T, Kumano H. Validation of the Japanese version of the Acceptance and Action Questionnaire-II. Paper presented at: the 77th annual meeting of the Japanese Psychological Association. September 19, 2013; Sapporo, Japan (in Japanese).

Bond FW, Hayes SC, Baer RA, Carpenter KM, Guenole N, Orcutt HK, Waltz T, Zettle RD. Preliminary psychometric properties of the Acceptance and Action Questionnaire–II: A revised measure of psychological inflexibility and experiential avoidance. Behav Ther 2011;42:676-88.

Table S2. Baseline characteristics of the study patients who did not exhibit depressive symptoms at baseline, stratified by completeness of follow-up.

	Completed		No	P-value ^b	
		n=191		n=98	_
Demographics					
Age, years ^c	66.9	(13.8)	68.4	(13.3)	0.40
Women	54	(28 %)	31	(32 %)	0.55
Treatment categories					<u>0.31</u>
Non-dialyzed	57	(30 %)	36	(37 %)	0.13
Peritoneal dialysis	36	(19 %)	24	(24 %)	
Hemodialysis	98	(51 %)	38	(39 %)	
Renal disease					
Diabetic nephropathy	47	(25 %)	25	(26 %)	0.94
Glomerulonephritis	46	(24 %)	22	(22 %)	
Hypertensive disease	39	(20 %)	18	(18 %)	
Others	59	(31 %)	33	(34 %)	
Impaired performance	12	(6 %)	13	(13 %)	0.05
status, yes					
Having family, yes	170	(89 %)	92	(94 %)	0.18
Working, yes	61	(32 %)	33	(34 %)	0.77
Comorbidities					
Coronary artery disease	29	(15 %)	14	(14 %)	0.84
Cerebrovascular disease	24	(13 %)	16	(16 %)	0.38
Malignancy	18	(9 %)	11	(11 %)	0.63

Psychological measurements

AAQ-II, points ^{c,d}	41.6	(6.7)	42.0	(6.2)	<u>0.71</u>
	43.0	[37 - 47]	43.0	[37 - 48]	
CES-D, points ^c	8.8	(4.4)	8.4	(4.4)	0.52
	9.0	[5 - 12]	9.0	[5 - 12]	

^a<u>Patients</u> who did not participate in the follow-up survey (n=93) and <u>those</u> who did not complete the CES-D questionnaire at 1 year (n=5) were included.

bP-values of unpaired t-test and Mann-Whitney test were provided for normally and non-normally distributed continuous variables, respectively. P-values of chi-squared test were provided for categorical variables.

^cValues for continuous data are <u>presented</u> as mean (standard deviation) and/or median [interquartile range].

^dReversed AAQ-II score (i.e., higher score indicates better psychological flexibility).

AAQ-II, Acceptance and Action Questionnaire – II; CES-D, Center for

Epidemiologic Studies Depression questionnaire

Table S3. Sensitivity analysis of the association between better psychological flexibility level and incident depression (\underline{n} =191).

	Adjusted odds ratio					
	Point estimates	95% CI	P-value			
AAQ-II, per 5 point higher ^a ,	0.63	(0.48-0.83)	0.001			
per 1 SD higher ^a	0.54	(0.37–0.78)				
Age, per year	0.96	(0.93-0.99)	0.01			
Women vs. men	0.66	(0.26–1.67)	0.38			
Diabetic nephropathy	1.78	(0.79–4.03)	<u>0.16</u>			
Impaired performance	1.41	(0.32–6.33)	0.65			
status			<u>3.00</u>			

The data were fit to a penalized maximum likelihood logistic regression model, adjusted for treatment status, presence of family, working status, comorbidities, and all other variables listed in this table. One hundred ninety-one patients were included in the model.

^aA higher AAQ-II score (after reversal) indicates better psychological flexibility. Bold P-values indicate statistically significant differences.

95% CI, 95% confidence interval; SD, standard deviation; AAQ-II, Acceptance and Action Questionnaire – II.