

**Supplementary File 1:
Consolidated Criteria for Reporting Qualitative Studies (COREQ): checklist***

Item	Answer	Corresponding page in manuscript
Which author/s conducted the interview or focus group?	Devika Nair MD, MSCI Kemberlee Bonnet, MA	7-8
What were the researcher's credentials?	MD, MSCI MA	1
What was their occupation at the time of the study?	The primary author was a post-doctoral clinical research fellow in nephrology at the time of the study, and the secondary author co-leads the qualitative research core at Vanderbilt University.	7-8
Was the researcher male or female?	Female	7-8
What experience or training did the researcher have?	The primary author has previously conducted one qualitative study and taken foundational, graduate-level coursework in qualitative research at Vanderbilt University. The second author has formal training and expertise in qualitative research methods and co-leads the qualitative research core at Vanderbilt University.	7-8
Was a relationship established prior to study commencement?	Neither researcher had any prior relationship with study participants	7-8
What did the participants know about the researcher?	Participants knew that the primary author was a nephrologist and that the secondary author was qualitative researcher.	7-8
What characteristics were reported about the interviewer/facilitator?	The primary author has previously conducted one qualitative study and taken foundational, graduate-level coursework in qualitative research at Vanderbilt University. The second author has formal training and expertise in qualitative research methods and co-leads the qualitative research core at Vanderbilt University.	7-8
What methodological orientation was stated to underpin the study?	An inductive (fact-to-theory), deductive (theory-to-fact) method	7-8
How were participants selected?	Purposive sampling	7-8
How were participants approached?	Via electronic medical record pre-screening for study eligibility and in-person or telephone recruitment	7-8
How many participants were in the study?	50	7-8
How many people refused to participate or dropped out? Reasons?	Four participants refused due to scheduling issues or lack of time available to devote to the interview.	7-8
Where was the data collected?	Interviews were audio-recorded on a secure device in real time on site at each study location.	7-8
Was anyone else present besides the participants and researchers?	No	7-8
What are the important characteristics of the sample?	See Table One for demographic and sociocultural characteristics	26
Were questions, prompts, guides provided by the authors? Was it pilot tested?	See Supplementary File 2 – this was pilot tested.	7
Were repeat interviews carried out? If yes, how many?	No	7-8
Did the research use audio or visual recording to collect the data?	Interviews were audio-recorded on a secure device	7-8
Were field notes made during and/or after the interview or focus group?	No field notes were made during the semi-structured interviews, but field notes were taken during the focus group during pilot-testing	7-8
What was the duration of the interviews or focus group?	30 to 90 minutes per participant	7-8
Was data saturation discussed?	Interviews were conducted until thematic saturation was achieved (N = 50 participants).	7-8
Were transcripts returned to participants for comment and/or correction?	Transcripts were offered to participants for review, but all participants declined.	7-8
How many data coders coded the data?	2	7-8
Did authors provide a description of the coding tree?	See Supplementary File 3	8,33
Were themes identified in advance or derived from the data?	Themes were derived from the data	7-8
What software, if applicable, was	Coded transcripts were combined into a single Microsoft Excel	9

used to manage the data?	spreadsheet (version 2016), which was then processed for analysis using Statistical Package for the Social Sciences (SPSS) software (version 25).	
Did participants provide feedback on the findings?	The primary author has presented the findings from this study to patient participants and healthcare professionals at each study site.	N/A
Were participant quotations presented to illustrate the themes / findings?	Yes	9-13; Table 2
Was each quotation identified?	Yes	9-13; Table 2
Was there consistency between the data presented and the findings?	Yes	9-13
Were major themes clearly presented in the findings?	See Figure 1	27
Is there a description of diverse cases or discussion of minor themes?	Yes, see 'Results' section as well as Figure 1	8-11; 27

*Source: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care* 2007 Dec;19(6):349-357.

**Supplementary File 2:
Semi-structured Interview Guide**

Introduction:

“Hi, I’m [insert name of interviewer], and I’m interested in finding out about how you cope with living with kidney disease. I’m going to be asking you some questions about your kidney disease to help me understand this. If you agree to participate, all of your answers will remain completely anonymous. Feel free to stop me at any time, and feel free to skip any question that you may feel uncomfortable to answer.”

Disease-related beliefs:

- “What does it mean, to you, to have kidney disease?”
- “How do you think of kidney disease as compared to your other chronic diseases?”
- “What do you think caused your kidney disease?”
- “What are some things that you think you could have done to prevent your kidney disease?”
- “What are some ways you can keep your kidney disease from getting worse?”
- “When you think about having kidney disease, what worries you the most about the future?”
- “People with kidney disease often go on dialysis. What do you know about dialysis? What are your thoughts about this?”
 - Optional prompt: “Do you know anyone on dialysis? If so, how are they doing?”
- “What are the most challenging things about living with kidney disease day-to-day?”
 - Optional probing area: ask about both specific and general stressors: taking lots of medications, managing blood pressure, managing blood sugar, worrying about dialysis
- “Tell me about some ways that having kidney disease has affected your daily life.”
- “What are some things you don’t understand about kidney disease?”
- “When it comes to kidney disease, tell me about some things you feel like you can and can’t control.”
- “Do you feel that there was nothing that could have been done to prevent you from having kidney disease? Why or why not?”

Coping behaviors:

- “In your everyday life, what are some of the things you find the most stressful? How do you deal with that stress?”
- “When you are dealing with stress, does it affect the way you manage your kidney disease? If so, how?”
- “When you get upset, what do you do to calm yourself down?”
 - Optional prompts:
 - “Tell me about times when you ignore problems and hope they’ll go away.”
 - “Tell me some ways that you get help from other people when dealing with stress.”
- “How do you cope with having kidney disease?”
- “Do you consider yourself a religious or spiritual person?”
 - Only proceed to below questions if answer is ‘yes.’
 - “Before having kidney disease, how religious or spiritual were you?”
 - “Has there been a shift in your relationship with God or your faith as a result of having kidney disease?”
 - “Do your religious or spiritual beliefs help you cope with kidney disease? If so, why?”
 - “What aspects of being religious give you comfort? (prayer, attending religious services, etc.)”

Supplementary File 3: Coding Framework

Code	Category	
1	Disease-related beliefs	Discussion centers on patients' CKD-related knowledge and beliefs
1.1	CKD meaning	Discussion centers on what it means to the participant to have CKD
1.2	Cause of CKD	Participant explains what s/he thinks cause CKD
1.3	CKD knowledge gaps	Discusses things that s/he does not understand about CKD
1.4	CKD importance	Relative importance/burden of CKD as compared other chronic illnesses
2	Dialysis-specific discussion	Discussion is specific to dialysis
2.1	Dialysis knowledge	Discussion centers on what s/he knows about dialysis/thoughts about dialysis
2.2	Peer undergoing dialysis	Discusses if s/he has or has had a peer who is on dialysis
2.3	Dialysis-specific stress/fear	Fear, anxiety, stress related to impending life change
3	Emotions	Discussion of emotional experiences related to CKD
3.1	Positive emotions	Happiness, joy, optimism, hope and other positive emotional reactions
3.2	Negative emotions	Fear, anxiety, depression, regret, anger, sadness, and other negative emotions
3.2.1	Fear/worry/stress/anxiety	Fear/worry/stress/anxiety associated with CKD
3.2.2	Cognitive load	Constant or recurrent awareness of mortality
3.2.3	Depression/sadness/hopelessness	Depressed mood or sadness associated with having CKD
3.2.4	Anger	Anger about medical condition or aspects of life
3.2.5	Regret	Regret related to missed opportunities to prevent CKD
3.2.6	Uncertainty	Describes emotions associated with lack of knowledge
4	Self-efficacy/sense of control	Discussion surrounds sense of control in relation to CKD
4.1	Prevention of CKD	Discusses what s/he thinks s/he could have done to prevent CKD
4.1.1	Ways could have prevented	Discusses things s/he could have done to prevent CKD
4.1.2	No prevention	There was nothing that s/he could do to prevent CKD
4.2	Reduce progression of CKD	Participant discusses what s/he thinks s/he can do reduce CKD progression
4.3	CKD control	Things patient states that s/he can and cannot control about CKD
4.3.1	Things can control	Discusses things s/he can control
4.3.2	Things cannot control	Discusses things that s/he cannot control
4.4	Internal locus of control	Discusses that s/he has personal responsibility in taking care of her/his health
4.5	External locus of control	Discusses that s/he believes that God or a higher power controls her/his health
5	Coping behaviors	Discussion centers on coping skills and acceptance of CKD
5.1	Problem-based coping	Asking questions, seeking information, seeking advice from friends
5.2	Emotion-based coping	Things to sooth feelings or reduce negative emotion- e.g., prayer and meditation
5.2.1	Emotion regulation	Actions that reduce negative emotions- mindfulness, meditation, reading
5.2.2	Acceptance	Coming to terms with reality in a way that removes emotional impacts
5.2.3	Avoidant coping	Avoidance as stress reduction- mediate with food, disengagement, alcohol misuse. Includes distraction and denial
5.2.4	Social support	Social support as a form of coping
5.3	Other coping strategy	Coping strategy not codable above.
6	Religion/spirituality	Discussion specific to religion and/or spirituality
6.1	Positive effect on coping with health	Discusses how religion or spirituality helps in coping with general health
6.2	Positive effect on coping with CKD	Discusses how religion or spirituality helps in coping with CKD
6.2.1	Improved self-efficacy	Religion/spirituality improves self-confidence in managing tasks/emotions related to CKD
6.2.2	Hope	Religion/spirituality provides hope related to CKD
6.2.3	Comfort	Religion/spirituality allays fear associated with CKD and provides comfort