

## **Supplemental Material**

### **Supplemental Document 1. Mobile Health Technological Readiness Survey**

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## Supplemental Document 1. Mobile Health Technological Readiness Survey

### Part One: Demographic Information

1. How old are you?     under 45     45-60 years     61-70 years     over 70
2. What is your gender identity? \_\_\_\_\_
3. Are you Hispanic or Latinx?     Yes     No
4. Are you Black or African American?     Yes     No
5. Primary language spoken? \_\_\_\_\_
6. What insurance are you on?     Medicare     Medicaid     Commercial
7. Are you a Kaiser patient?     Yes     No
8. What is the highest education level you achieved?  
 Less than a high school diploma     High school diploma     Some college or more
9. Are you currently employed?     Yes     No
10. Are you currently a student?     Yes     No
11. What type of dialysis are you on?     In-center hemodialysis  
 Home hemodialysis     Home peritoneal dialysis

### Part Two: Internet Use

12. Do you use the Internet?     Yes (go to question 13)     No (go to question 17)
13. How frequently do you use the Internet?     Daily     At least once a week     Less often
14. Do you use the Internet at home?     Yes     No
15. Do you use the Internet at the dialysis clinic?     Yes     No
16. Do you require assistance when accessing the Internet?     Yes     No  
(go to question 18)
17. If you don't use the Internet, what keeps you from doing so?  
 Don't know how to     Don't want to/not interested  
 No Internet capable device     No Internet access     Other:

### Part Three: Technological Device Use

18. Do you have any of the following?

	Belongs to you	Belongs to someone else, but you can easily use it if you need to	Don't have one and don't have access to one
Smartphone (mobile phone that can access the Internet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desktop Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wearable Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Which of these devices do you access the Internet on?  Mobile phone  Tablet  
 Laptop  Desktop computer  Wearable device  None

20. Are you able to read from and type on your phone/tablet/laptop?

Yes (go to question 22)  No (go to question 21)

21. If you are unable to read from or type on your device, what is the cause?

Eyesight  Literacy  Difficulty with hands and fingers  Other: \_\_\_\_\_

22. Which of the following activities do you do? Check all of the devices you complete them

	Mobile Phone	Tablet	Laptop	Desktop	Smart Watch
Phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take photos/videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social media (e.g. Facebook, MySpace, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch videos (e.g. YouTube, Netflix, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Browse the Internet for articles or news	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GPS, maps, directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calendar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarms/reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal health information/planning/tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Mobile Phone	Tablet	Laptop	Desktop	Smart Watch
Booking travel/entertainment (e.g. hotel or flight reservations, purchasing tickets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eBills/make online payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part Four: Use of Technology for Healthcare**

23. Are you aware of any apps or websites that can help you with health-related issues?

Yes  No

24. Have you ever used apps or the Internet to find information related to kidney health?

Yes (go to question 25)  No (go to question 27)

25. Do you require assistance to find information related to kidney health?  Yes  No

26. What health-related apps/websites do you use?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

None

27. Are you interested in using technology to learn or engage with your disease or healthcare?

Yes  No

28. Do you have any concerns about using an app/website for your healthcare? Check all that apply

Privacy/security  Cost  Not effective

Other (specify) \_\_\_\_\_

No concerns

29. Do you use any websites or apps for any of the following? If not, which would you be interested in?

App	Yes	No, but would like to	No
Exercise / Tracking activity or steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointment reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sending/receiving messages from doctors or other healthcare personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving/paying bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracking sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluid intake tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistics and information on kidney disease and dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Do you have any comments you would like to add?

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Supplemental Table 1: Baseline characteristics of participants and the total population in participating centers

Variable	In-Center		Home	
	In the study*	All patients**	In the study*	All patients**
<b>Age group</b>				
<b>Under 45 years</b>	80 (13%)	222 (10%)	66 (21%)	124 (19%)
<b>45 – 60 years</b>	191 (30%)	659 (29%)	114 (36%)	211 (32%)
<b>61 – 70 years</b>	180 (29%)	647 (29%)	61 (19%)	151 (22%)
<b>Over 70 years</b>	181 (29%)	734 (32%)	73 (23%)	170 (26%)
<b>Female</b>	230 (36%)	899 (40%)	118 (37%)	296 (45%)
<b>Hispanic or Latina = yes</b>	216 (34%)	911 (41%)	86 (27%)	180 (28%)
<b>Black or African American = yes</b>	119 (19%)	481 (22%)	62 (20%)	101 (16%)

Footnote: \* Missing data for participating patients: Age group: 3, Gender: 31, Ethnicity: 9, Race: 27. \*\* Missing data for all patients: Age group:0, Gender: 0, Ethnicity: 65, Race: 71.

Supplemental Table 2: Logistic regression for motivation to use mobile health among study participants.

	<b>Univariate</b>	<b>Multivariate</b>
	OR (95% CI)	OR (95% CI)
<b>California (ref: non-California)</b>	1.04 (0.74-1.47), p=0.82	1.16 (0.72-1.88), p=0.54
<b>Age group</b>		p<0.001
<b>Under 45 years</b>	1.39 (0.84-2.31), p=0.21	1.45 (0.81-2.58), p=0.21
<b>45 – 60 years (ref)</b>	-	-
<b>61 – 70 years</b>	0.46 (0.31-0.66), p<0.001	0.49 (0.32-0.73), p<0.001
<b>Over 70 years</b>	0.33 (0.23-0.48), p<0.001	0.31 (0.21-0.47), p<0.001
<b>Female (ref: Male)</b>	0.85 (0.64-1.13), p=0.26	0.88 (0.64-1.21), p=0.43
<b>Hispanic or Latino (ref: Non-Hispanic or Latino)</b>	0.74 (0.55-0.98), p=0.03	0.90 (0.60-1.34), p=0.59
<b>Black (ref: non-Black)</b>	1.14 (0.80-1.63), p=0.46	0.90 (0.56-1.45), p=0.68
<b>Educational level</b>		p<0.001
<b>Less than high school diploma</b>	0.31 (0.21-0.46), p<0.001	0.30 (0.18-0.49), p<0.001
<b>High school diploma</b>	0.54 (0.39-0.74), p=0.001	0.48 (0.33-0.68), p<0.001
<b>Some college or more (ref)</b>	-	-
<b>Employed or Student (ref: not employed or student)</b>	2.71 (1.77-4.14), p<0.001	1.61 (0.94-2.76), p=0.09
<b>Home Dialysis (ref: in-center)</b>	1.74 (1.27-2.36), p<0.001	2.04 (1.40-2.98), p<0.001
<b>Has commercial insurance (ref: no commercial insurance)</b>	1.20 (0.89-1.62), p=0.24	0.98 (0.68-1.40), p=0.91

Key: Odd ratios of motivation (interested to use or currently using mHealth vs no interest). ref, reference group. For univariate analysis, n = 949 except for Age group (missing 3), Gender (missing 31), Ethnicity (missing 9), Race (missing 27), Educational level (missing 7). For multivariable model, n = 58 (complete case analysis).