

## **Multimedia Appendix 4: UTAUT Questionnaire on Adoption and Use of the CKD-PD app**

These are statements about the CKD-PD app and how to use it. We are interested in your thoughts and expectations about using this new technology. Please select the answer that best represents your agreement with the statement. There are no right or wrong answers.

Strongly agree = 5; Agree = 4; Neutral = 3; Disagree = 2; Strongly disagree = 1

### **Group 1: Performance expectancy**

1. The CKD-PD app will be useful for managing my peritoneal dialysis (PD) and health.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

2. Using the CKD-PD app will be easier than recording information in my PD logbook.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

3. If I use the CKD-PD app, my health will improve.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

### **Group 2: Effort expectancy**

1. Learning to use CKD-PD will be easy for me.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

2. It will be easy for me to become skillful at using the CKD-PD app.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

3. It is easy to understand how the CKD-PD app works and how the features can help me.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

### **Group 3: Social influence**

1. My family thinks it is important for me to use CKD-PD.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

2. The PD clinic staff supports the use of the CKD-PD app.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

3. People who influence my behavior think it is important for me to use the CKD-PD app.

\_\_\_ Strongly agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly disagree

**Group 4: Voluntariness**

1. My doctor does not require me to use the CKD-PD app.

\_\_\_ Strongly agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly disagree

2. The PD clinic staff does not require me to use the CKD-PD app.

\_\_\_ Strongly agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly disagree

3. My family does not require me to use the CKD-PD app.

\_\_\_ Strongly agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly disagree

**Group 5: Intention to use**

1. I intend to use the CKD-PD app all the time.

\_\_\_ Strongly agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly disagree

2. I predict I will use the CKD-PD app all the time.

\_\_\_ Strongly agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly disagree

3. I plan to use CKD-PD all the time.

\_\_\_ Strongly agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly disagree

**Group 6: Facilitating conditions**

1. I have knowledge and resources to learn to use the CKD-PD app.

\_\_\_ Strongly agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly disagree

2. I will be able to get help to use CKD-PD if needed.

\_\_\_ Strongly agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly disagree

3. The CKD-PD app fits well with the way I do my peritoneal dialysis.

\_\_\_ Strongly agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly disagree