

SDC, Table 1: Results of multivariable logistic regression model for the outcome of rejecting all offers of an HCV-infected kidney (n=181)

	Odds ratio	95% CI	P-value
Black race (vs. white)	3.18	1.25, 8.12	0.02
Non-black, non-white race (vs. white)	4.31	1.13, 16.3	0.03
Male (vs. female)	0.59	0.27, 1.30	0.19
University of Pennsylvania (vs. Yale)	2.54	0.93, 7.01	0.07

SDC, Item 1: Additional methods related to semi-structured interviews with transplant candidates

The interview guide was initially drafted by the principal investigator (P.R.) and study staff based on published literature and clinical experience working with transplant candidates. The guide was pilot tested in a convenience sample of 3 kidney transplant candidates and 1 kidney transplant recipient who were not involved in the study. The guide was then revised. The general domains were: 1) Current quality of life/urgency for a new kidney; 2) current understanding of/opinions toward HCV; 3) willingness to accept an HCV positive kidney and the factors that influence that willingness; 4) feelings toward possible complications; and 5) extenuating circumstances in which they might accept an HCV+ kidney. Semi-structured interviews were conducted only at the University of Pennsylvania. Sampling was not purposive.

All interviews were digitally recorded. All interviews were transcribed completely by a single research staff member (MM) The transcription and analysis were performed without the use of custom software (eg nVivo). Two investigators (MM, AM) reviewed all interviews and collaboratively identified the leading concerns related to the decision to accept an HCV-infected kidney. This review and analysis of transcripts took place as enrollment accrued. For the analysis, the main goal was to identify the dominant themes expressed by participants about a theoretical decision to accept a kidney from a HCV-infected donor. When a theme emerged from a transcript, the research staff would identify the text associated with that theme. The principal investigator had serial meetings with these 2 research staff and reviewed the content of the transcripts and resolved disagreements about themes. No formal analysis of inter-rater reliability was performed. The interview guide was not substantially updated over the course of the interviews, although the interviewer was trained to ask follow up questions (beyond the written script) based on the team's evolving insights about willingness to accept kidneys from donors with HCV.

Hepatitis C and Kidney Transplants

- Kidney transplants improve daily health for patients with severe kidney disease and help them live longer.
- However, there are not enough kidneys for all the people who need them. Most patients with severe kidney disease spend years on the waiting list before they receive a kidney.
- There are risks to spending a long time on the transplant waiting list, such as feeling tired, becoming too sick to be transplanted, or even dying.
- One way to get a kidney transplant sooner is to accept a kidney from someone who is infected with a virus, like hepatitis C.

What is hepatitis C?

- Hepatitis C is a virus that infects the liver. It is spread through the blood. Hepatitis C infection can be short term, but usually hepatitis C is a chronic (long-term) disease.
- Most people who live with hepatitis C infection do not feel sick for quite a long time; often, they don't even know that they have the infection.
- Unfortunately, if left untreated for many years, hepatitis C often leads to liver failure, which can be deadly and requires a liver transplant. Hepatitis C can also cause liver cancer.
- With new medications, doctors can often cure hepatitis C. We now have medications that can cure people of hepatitis C in 9 out of 10 cases.

What is the impact of getting a kidney from someone who is infected with hepatitis C?

- It's very likely that all people who received a kidney with hepatitis C would also be infected with hepatitis C after the transplant. Patients would be treated right away after the transplant. The treatment would likely cure most patients within 3 months.
- In cases where treatment does not work, there are back-up drugs that can be used. However, we think that a small number of patients will not be cured and will continue to have hepatitis C infection after transplant.

What do we want to know?

- Of course, everyone would prefer to receive a kidney from a completely healthy donor, but what if that meant you couldn't get a kidney at all?
- We are interested in learning more about whether you would be willing to accept a kidney that was donated by someone who had hepatitis C or if you prefer to wait for a kidney donated by someone who did not have hepatitis C.

INSTRUCTIONS

For each for the following 12 situations, please imagine that you are on the wait-list to receive a kidney. Each situation is slightly different in terms of the donor age, the donor's medical problems, the chance of successfully treating hepatitis C, and/or the amount of time you would have to wait to get a kidney without hepatitis.

For each situation, you will be asked to decide if you would accept a kidney from a donor with hepatitis C or if you would wait for a kidney from a donor without hepatitis C. Try to answer each question on your own as much as possible.

Situation 1

Your doctor calls to offer you a kidney transplant from a **60 YEAR OLD** donor with **HIGH BLOOD PRESSURE** and hepatitis C infection.

The doctor says that there is a **75% CHANCE** that you will be successfully treated for hepatitis C after the transplant. This means that 3 out of 4 people who take a kidney with hepatitis C will be cured.

If you refuse this kidney, your doctor predicts that you will be on the wait-list for **2 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
 - 2) I will wait for a kidney without hepatitis C.
-

Situation 2

Your doctor calls to offer you a kidney transplant from a **60 YEAR OLD** donor with **HIGH BLOOD PRESSURE** and hepatitis C infection.

The doctor says that there is a **75% CHANCE** that you will be successfully treated for hepatitis C after the transplant. This means that 3 out of 4 people who take a kidney with hepatitis C will be cured.

If you refuse this kidney, your doctor predicts that you will be on the wait-list for **5 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
 - 2) I will wait for a kidney without hepatitis C.
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Situation 3

Your doctor calls to offer you a kidney transplant from a **20 YEAR OLD** donor with hepatitis C infection.

The doctor says that there is a **75% CHANCE** that you will be successfully treated for hepatitis C after the transplant. This means that 3 out of 4 people who take a kidney with hepatitis C will be cured.

If you refuse this kidney, your doctor predicts that you will be on the wait-list for **2 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
 - 2) I will wait for a kidney without hepatitis C.
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Situation 4

Your doctor calls to offer you a kidney transplant from a **20 YEAR OLD** donor with hepatitis C infection.

The doctor says that there is a **75% CHANCE** that you will be successfully treated for hepatitis C after the transplant. This means that 3 out of 4 people who take a kidney with hepatitis C will be cured.

If you refuse this kidney, your doctor predicts that you will be on the wait-list for **5 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
 - 2) I will wait for a kidney without hepatitis C.
-

Situation 5

Your doctor calls to offer you a kidney transplant from a **60 YEAR OLD** donor with **HIGH BLOOD PRESSURE** and hepatitis C infection.

The doctor says that there is a **90% CHANCE** that you will be successfully treated for hepatitis C after the transplant. This means that 9 out of 10 people who take a kidney with hepatitis C will be cured.

If you refuse this kidney, your doctor predicts that you will be on the wait-list for **2 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
 - 2) I will wait for a kidney without hepatitis C.
-

Situation 6

Your doctor calls to offer you a kidney transplant from a **60 YEAR OLD** donor with **HIGH BLOOD PRESSURE** and hepatitis C infection.

The doctor says that there is a **90% CHANCE** that you will be successfully treated for hepatitis C after the transplant. This means that 9 out of 10 people who take a kidney with hepatitis C will be cured.

If you refuse this kidney, your doctor predicts that you will be on the wait-list for **5 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
 - 2) I will wait for a kidney without hepatitis C.
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Situation 7

Your doctor calls to offer you a kidney transplant from a **20 YEAR OLD** donor with hepatitis C infection.

The doctor says that there is a **90% CHANCE** that you will be successfully treated for hepatitis C after the transplant. This means that 9 out of 10 people who take a kidney with hepatitis C will be cured.

If you refuse this kidney, your doctor predicts that you will be on the wait-list for **2 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
 - 2) I will wait for a kidney without hepatitis C.
-

Situation 8

Your doctor calls to offer you a kidney transplant from a **20 YEAR OLD** donor with hepatitis C infection.

The doctor says that there is a **90% CHANCE** that you will be successfully treated for hepatitis C after the transplant. This means that 9 out of 10 people who take a kidney with hepatitis C will be cured.

If you refuse this kidney, your doctor predicts that you will be on the wait-list for **5 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
 - 2) I will wait for a kidney without hepatitis C.
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Situation 9

Your doctor calls to offer you a kidney transplant from a **60 YEAR OLD** donor with **HIGH BLOOD PRESSURE** and hepatitis C infection.

The doctor says that there is a **95% CHANCE** that you will be successfully treated for hepatitis C after the transplant. This means that 19 out of 20 people who take a kidney with hepatitis C will be cured.

If you refuse this kidney, your doctor predicts that you will be on the wait-list for **2 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
 - 2) I will wait for a kidney without hepatitis C.
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Situation 10

Your doctor calls to offer you a kidney transplant from a **60 YEAR OLD** donor with **HIGH BLOOD PRESSURE** and hepatitis C infection.

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If you refuse this kidney, your doctor predicts that you will be on the wait-list for **5 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
 - 2) I will wait for a kidney without hepatitis C.
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Situation 11

Your doctor calls to offer you a kidney transplant from a **20 YEAR OLD** donor with hepatitis C infection.

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If you refuse this kidney, your doctor predicts that you will be on the wait-list for **2 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
 - 2) I will wait for a kidney without hepatitis C.
-

Situation 12

Your doctor calls to offer you a kidney transplant from a **20 YEAR OLD** donor with hepatitis C infection.

The doctor says that there is a **95% CHANCE** that you will be successfully treated for hepatitis C after the transplant. This means that 19 out of 20 people who take a kidney with hepatitis C will be cured.

If you refuse this kidney, your doctor predicts that you will be on the wait-list for **5 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
 - 2) I will wait for a kidney without hepatitis C.
-

DEMOGRAPHICS

(Please circle response where appropriate)

1. Education level:

- LESS THAN HIGH SCHOOL
- SOME HIGH SCHOOL
- HIGH SCHOOL GRADUATE
- SOME COLLEGE
- COLLEGE GRADUATE
- GRADUATE DEGREE

3. Are you on dialysis?

- YES
- NO

4. If YES, how long have you been on dialysis?

- <1 YEAR
- 1-2 YEARS
- 2-5 YEARS
- >5 YEARS

5. What type of dialysis?

- PERITONEAL DIALYSIS
- HEMODIALYSIS

6. Have you had a previous transplant?

- YES
- NO

7. Do you know anyone who has hepatitis C infection?

- YES
- NO

TRUST SCALE

(Please check one response per question)

Note: “Doctors” refers to your kidney doctors.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I doubt that my doctor really cares about me as a person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My doctor is usually considerate of my needs and puts them first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I trust my doctor so much that I always try to follow his/her advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If my doctor tells me something is so, then it must be true.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I sometimes distrust my doctor's opinion and would like a second one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I trust my doctor's judgment about my medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel my doctor does not do everything he/she should for my medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I trust my doctor to put my medical needs above all other considerations when treating my medical problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My doctor is a real expert in taking care of medical problems like mine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I trust my doctor to tell me if a mistake was made about my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I sometimes worry that my doctor may not keep the information we discuss totally private.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SDC, Item 2: Probes from semi-structured interviews with transplant candidates about hepatitis C and willingness to accept a kidney from a deceased donor with hepatitis C

1. How would you describe your current quality of life?
 - a. What makes it _____?
 - b. Can you elaborate on that?
2. How do you feel about being on dialysis?
 - a. What things could you do if you didn't need dialysis?
 - b. How does dialysis make you feel?
3. In what ways would getting a new kidney change your quality of life?
 - a. What things would you be able to do?
 - b. In what ways would it be _____?
 - c. How would that be different than it is now?
4. How do you feel about being on the waiting list for a kidney?
 - a. What makes you feel _____?
 - b. What is _____ about it?
5. What qualities would an ideal kidney donor have?
 - a. How do these qualities make the donor better?
6. Can you think of situations where you would be willing to accept a kidney that was lower quality? For example, a kidney from someone over the age of 65 or someone who had had a prior stroke.
 - a. What would cause you to accept that kidney?
 - b. How would you feel about accepting/rejecting that kidney?
7. Tell me what you know about hepatitis C virus.
8. Does what I have told you impact your opinion on hepatitis C?
 - a. What makes/made you say that?
 - b. What changed your opinion?

9. Would you be willing to accept a healthy kidney from a hepatitis C-positive donor if you knew you could receive treatment afterwards that would probably cure you?
 - a. What would impact that decision most?
 - b. How would you feel about accepting/rejecting that kidney?
10. How would you make the decision about accepting the kidney?
 - c. How would these actions help you make your decision?
 - d. Is that how you normally make decisions about your health?
11. Who would you talk to about the decision?
 - e. What would make you talk to that person/those people?
 - f. What do you think that person would tell you?
12. How would you feel if you accepted a kidney from a hepatitis C-positive donor and it improved your kidney function, but you developed liver disease?
 - a. How would you feel about the transplant?
 - b. What is _____ about it?
13. How would you feel about living with hepatitis C?
 - c. What makes you say that?
 - d. What is _____ about it?
14. How great would the risk of liver failure have to be for you to not accept a healthy kidney from a hepatitis C-positive donor?
 - e. What would lead you to make that decision?
 - f. What about that situation would make you say yes or no?
15. If you were offered either a kidney that might not function perfectly or a healthy, young kidney from a hepatitis C-positive donor, which would you be more likely to accept?
 - g. What would lead you to accept one kidney over the other?
 - h. What about _____ kidney makes it more attractive to you?
16. Imagine you have been on the transplant waiting list 5 years. Your doctors still believe it could be another 2-3 years before you get a transplant. In this scenario, how would you feel about a hepatitis C-positive transplant?

- i. What would make you feel that way?
- j. How would you make that choice?

SDC, Item 3: Representative quotes from transplant candidates after being asked about their knowledge about hepatitis C virus during semi-structured interviews

Interviewer probe: “Tell me what you know about hepatitis C virus.”

Nothing. I just know of it. I just know they test me for it when I'm at the hospital all the time and keep me up with the hepatitis B shots. You know, so...but I just know, hepatitis C, it's something you really don't wanna have. And it complicates things.

I know it's a blood infection or something like that and it infects—it does something with the liver. That's about all I know. And it has A, B, C.

I don't know anything about it, actually. No, I was gonna ask you, do you—can you get it through sex?

Very little. I've never had to deal with it. No one in my family had it. I obviously don't have it. I have everything else, but not that. So my knowledge of hepatitis C is very limited

What's the other thing that way? It's somewhere in the range of TB?

SDC, Item 4: Representative quotes from transplant candidates exemplifying themes related to willingness to accept a kidney transplant from a donor with hepatitis C virus

Theme 1: Concern about HCV infection causing health problems and/or impairing quality of life
Participant 01: I would be a little agitated. Yeah, because I would have the kidney but then I have this side effect, this other issue that I have to deal with for the rest of my life. You know, so, I would have to say, "Well, is this gonna affect my life?" Is this gonna become a nuisance, having this? Is this gonna affect my quality of life and my everyday routine of just--my everyday routine? Somehow, having to take meds for that everyday has to be incorporated into my everyday situation and is that gonna bother me or is that gonna be a hindrance? Is that gonna cause any side effects for my kidneys with all the meds I'm gonna be on after that, the five or six different meds, are they gonna interact if they're gonna interact at all?
Participant 07: I don't know if it would be worth it. I don't know what would be the quality of my life. I really don't know. It's like I'm giving up one problem to have another problem.
Participant 04: My thoughts are I don't want to get another disease. That's all.
Participant 13: I don't wanna live with hepatitis C. I got enough to deal with in life. I don't wanna be adding on stuff with new viruses. I don't. Especially if I just got a new kidney and now I gotta worry about eventually needing a new liver. You know what I mean? So, I mean I don't wanna--I wouldn't just put myself...I don't jump in front of bullets. That's not my thing.
Participant 14: Of course, I guess, speaking for myself, I guess because of my age and all the other chronic issues that I have, I think I'd be devastated. It'd be more like, "Oh god. Not another thing."
Theme 2: Impact of HCV on kidney allograft quality
Participant 16: Somebody who's 70 years old, the kidney is probably not in as good shape as the younger kidney. I'm assuming the hepatitis C kidney would come from a younger person.
Participant 01: Yeah. I would be reluctant [to accept a kidney from a HCV positive donor], but I wouldn't wanna turn down a good kidney either, because I don't know when another one would come around. And then if I did that and another one came around that was worse off than this one, then I'd be like, "Oh, I should have took the one with hepatitis C."
Theme 3: Expected waiting time for a kidney transplant
Participant 03: I don't feel good about waiting for five years. I don't think I can do it.
Participant 17: Well, the reality is a lot of people on that waiting list never get a transplant. You know they're on the waiting list and it's a hope list, you know? But sometimes it's a hopeless hope list.
Participant 02: The wait. I mean if your time is running out, you gotta do something.

Participant 01: I'm tired of waiting. You gonna be sick. You're out. You gonna lose the list.

Theme 4: Reluctance to start or continue dialysis

Participant 11: It would unchain me from the dialysis machine regimen every night. And I would have freedom of mobility, I could get around better. I could travel. My hope is that if and when I do get the transplant, I'll be able to resume my work life, further my education possibly, and better myself.

Participant 13: See, I'm not afraid to die. I would rather die. Know what I'm saying? That's why I'm--I don't play with dialysis. I don't wanna do that. I would rather die than go on dialysis.

Participant 17: The longer you're on dialysis, the less favorable your outcome. Like, and also, the longer you're on dialysis, the chance increases that your body goes through some other issue that could prevent you from being able to get a transplant at all. So once you been there that long, if you can get a chance to get a kidney, especially if it's a kidney with something like hepatitis C, which they've already shown that they can prove, I would take it without question. My only issue right now is that I've only been on the dialysis about a month.

Participant 01: Dialysis – dialysis is worse. What hurt me the most. What's killing me the most.... my transplant nurse at the [hospital name] told me that this pump, it don't affect everybody the same way. And I truly think kidney failure's got a lot to do with how you lived. You know? It shows some stuff that you wasn't doing right or you done a lot of people wrong or something. I truly believe it's a punishment. Because she told me, "It don't affect everyone the same. You might get dialysis pump and it probably won't have no effect, you probably could go to work with dialysis." Now I don't know if that's true or not, my biggest hope, all I ever pray for was, "Don't let me get on dialysis."

Participant 03: But, I've only done dialysis for 6 months. To imagine doing it for 5 years, and then being told you'll have to stay on it for another 2-3 years, that's hard. That's really hard to like, even wrap my head around. You know, I haven't been on dialysis that long. But I definitely would probably say at that point in time, I would really look at all my options.

SDC, Item 5: Conjoint Instrument, Version 3.0, 06/17/16

Hepatitis C and Kidney Transplants

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- However, there are not enough kidneys for all the people who need them. Most patients with severe kidney disease spend years on the waiting list before they receive a kidney.
- There are risks to spending a long time on the transplant waiting list, such as feeling tired, becoming too sick to be transplanted, or even dying.
- One way to get a kidney transplant sooner is to accept a kidney from someone who is infected with a virus, like hepatitis C.

What is hepatitis C?

- Hepatitis C is a virus that infects the liver. It is spread through the blood. Hepatitis C infection can be short term, but usually hepatitis C is a chronic (long-term) disease.
- Most people who live with hepatitis C infection do not feel sick for quite a long time; often, they don't even know that they have the infection.
- Unfortunately, if left untreated for many years, hepatitis C often leads to liver failure, which can be deadly and requires a liver transplant. Hepatitis C can also cause liver cancer.
- With new medications, doctors can often cure hepatitis C. We now have medications that can cure people of hepatitis C in 9 out of 10 cases.

What is the impact of getting a kidney from someone who is infected with hepatitis C?

- It's very likely that all people who received a kidney with hepatitis C would also be infected with hepatitis C after the transplant. Patients would be treated right away after the transplant. The treatment would likely cure most patients within 3 months.
- In cases where treatment does not work, there are back-up drugs that can be used. However, we think that a small number of patients will not be cured and will continue to have hepatitis C infection after transplant.

What do we want to know?

- Of course, everyone would prefer to receive a kidney from a completely healthy donor, but what if that meant you couldn't get a kidney at all?
- We are interested in learning more about whether you would be willing to accept a kidney that was donated by someone who had hepatitis C or if you prefer to wait for a kidney donated by someone who did not have hepatitis C.

INSTRUCTIONS

For each for the following 12 situations, please imagine that you are on the wait-list to receive a kidney. Each situation is slightly different in terms of the donor age, the donor's medical problems, the chance of successfully treating hepatitis C, and/or the amount of time you would have to wait to get a kidney without hepatitis.

For each situation, you will be asked to decide if you would accept a kidney from a donor with hepatitis C or if you would wait for a kidney from a donor without hepatitis C. Try to answer each question on your own as much as possible.

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If you refuse this kidney, your doctor predicts that you will be on the wait-list for **2 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
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What will you do? (Please circle one)

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What will you do? (Please circle one)

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What will you do? (Please circle one)

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What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
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Situation 8

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If you refuse this kidney, your doctor predicts that you will be on the wait-list for **5 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
 - 2) I will wait for a kidney without hepatitis C.
-

Situation 9

Your doctor calls to offer you a kidney transplant from a **60 YEAR OLD** donor with **HIGH BLOOD PRESSURE** and hepatitis C infection.

The doctor says that there is a **95% CHANCE** that you will be successfully treated for hepatitis C after the transplant. This means that 19 out of 20 people who take a kidney with hepatitis C will be cured.

If you refuse this kidney, your doctor predicts that you will be on the wait-list for **2 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
 - 2) I will wait for a kidney without hepatitis C.
-

Situation 10

Your doctor calls to offer you a kidney transplant from a **60 YEAR OLD** donor with **HIGH BLOOD PRESSURE** and hepatitis C infection.

The doctor says that there is a **95% CHANCE** that you will be successfully treated for hepatitis C after the transplant. This means that 19 out of 20 people who take a kidney with hepatitis C will be cured.

If you refuse this kidney, your doctor predicts that you will be on the wait-list for **5 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
 - 2) I will wait for a kidney without hepatitis C.
-

Situation 11

Your doctor calls to offer you a kidney transplant from a **20 YEAR OLD** donor with hepatitis C infection.

The doctor says that there is a **95% CHANCE** that you will be successfully treated for hepatitis C after the transplant. This means that 19 out of 20 people who take a kidney with hepatitis C will be cured.

If you refuse this kidney, your doctor predicts that you will be on the wait-list for **2 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
 - 2) I will wait for a kidney without hepatitis C.
-

Situation 12

Your doctor calls to offer you a kidney transplant from a **20 YEAR OLD** donor with hepatitis C infection.

The doctor says that there is a **95% CHANCE** that you will be successfully treated for hepatitis C after the transplant. This means that 19 out of 20 people who take a kidney with hepatitis C will be cured.

If you refuse this kidney, your doctor predicts that you will be on the wait-list for **5 YEARS** before you get a kidney transplant.

What will you do? (Please circle one)

- 1) I will accept this hepatitis C-infected kidney.
 - 2) I will wait for a kidney without hepatitis C.
-

DEMOGRAPHICS

(Please circle response where appropriate)

1. Education level:

- LESS THAN HIGH SCHOOL
- SOME HIGH SCHOOL
- HIGH SCHOOL GRADUATE
- SOME COLLEGE
- COLLEGE GRADUATE
- GRADUATE DEGREE

3. Are you on dialysis?

- YES
- NO

4. If YES, how long have you been on dialysis?

- <1 YEAR
- 1-2 YEARS
- 2-5 YEARS
- >5 YEARS

5. What type of dialysis?

- PERITONEAL DIALYSIS
- HEMODIALYSIS

6. Have you had a previous transplant?

- YES
- NO

7. Do you know anyone who has hepatitis C infection?

- YES
- NO

TRUST SCALE

(Please check one response per question)

Note: “Doctors” refers to your kidney doctors.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I doubt that my doctor really cares about me as a person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My doctor is usually considerate of my needs and puts them first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I trust my doctor so much that I always try to follow his/her advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If my doctor tells me something is so, then it must be true.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I sometimes distrust my doctor's opinion and would like a second one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I trust my doctor's judgment about my medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel my doctor does not do everything he/she should for my medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I trust my doctor to put my medical needs above all other considerations when treating my medical problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My doctor is a real expert in taking care of medical problems like mine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I trust my doctor to tell me if a mistake was made about my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I sometimes worry that my doctor may not keep the information we discuss totally private.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>