Supplementary file S1. Structured interview guide usability study

- Can you tell us something about yourself?
  - How old are you?
  - What do you do in daily life? Do you work?
  - What is your living and family situation?
  - Can you tell us something about the visual impairment you have?
- Have you experienced symptoms of depression and/or anxiety yourself?
  - When did you experience these complaints?
  - How do these complaints express themselves/what exactly do you experience?
  - How are these complaints related to the visual impairment?

I would now like to delve a little deeper into your thoughts and opinions on the usefulness of the short screener, and how you think it should be deployed in the rehabilitation centers. I will first explain to you what the screener looks like. The screener consists of four questions, 2 focused on depression and 2 on anxiety. They ask if a person has experienced any of the problems described in the questions in the past 2 weeks. With the help of the answers, it can be determined whether a person suffers from symptoms of depression and/or anxiety. I have an example of the screener here.

- How would you like to be approached by the rehabilitation centers about complaints of depression and anxiety?
- What do you think of the use of a short screener at the rehabilitation centers to detect symptoms of depression and/or anxiety?
  - Do you think this is necessary/important?
- How should the screener be used by the rehabilitation centers?
  - How would you like the screener to be administered (independently/together with care provider, digital/written/braille)? Why? What other ways can you think of? What do you think is the advantage of your preference over other methods?
  - Which care provider should be involved? Why?
  - At what point in the rehabilitation process should the screener be administered? Why?
- If the screener shows that someone has symptoms of anxiety and/or depression, support should be initiated. How do you think that should be done?
  - How quickly should support be provided?
  - Who should do that? Why?
- Research shows that a period of waiting to see how the complaints develop is an important first step in the treatment of complaints. People can start working on their complaints themselves during this period, and often additional support is not necessary. This is done in consultation with the care provider, who keeps a close eye on how the person is doing. What do you think this period should look like?
  - Which care provider should do this? Why?
  - How often should client and care provider have contact? Why?
  - In what way should client and care provider have contact? Why?
  - When do you think action should be taken and support should actually be offered? Why? After what period of waiting do you think it is important that support is offered?
I would like to ask you one final question: “What do you think we should pay attention to if the rehabilitation centers start using the screener to detect depression and anxiety symptoms in people with visual impairment?”