

Appendix C. Semistructured Interview Guide (Patients)

APPENDIX C. SEMI-STRUCTURED INTERVIEW GUIDE (PATIENTS)

INTRODUCTION TO INTERVIEW

Thank you for completing the survey. Do you have any questions? Great, we will now move to some questions regarding the topics covered in the survey. Are you OK with starting the interview? Great. I will start the recording now. Please remember we can pause or stop any time you want for any reason. You can also skip any question for any reason.

ACCURACY OF THE SURVEY

I would like to start talking about the survey questions that asked you to choose between two providers.

No.	Main Question	Probes
1	How was it like for you to choose between Provider A and B?	<ul style="list-style-type: none"> • How can we improve these instructions? • What did you like from the questions that asked you to choose between Provider A and B? • What are things you didn't like about it? • Did they make sense to you? If no, how did you figure out that the options were different? <ul style="list-style-type: none"> ○ What made it helpful? ○ What made it difficult? ○ Please tell me what came to your mind as you were choosing the options.
2	If participant previously completed the survey as part of the cognitive interview conducted earlier, ask this question: How was the process of completing the survey compared to the first time you did?	
3	Of all the sets of options presented to you, which one is your favorite?	
4	How would you rank (from one to five) the 5 attributes (cost/travel time/language/treatment/relationship with provider) in order of importance to you?	
5	How does your favorite option of all five attributes combined compare to the health care services you are actually receiving?	
6	If the participant current health care services do not reflect his/her preferred option, ask How would you describe the ideal option of health care services?	

USE OF SURVEY IN FUTURE CARE EXPERIENCES

Now I would like to ask you a bit more about your preferences when receiving treatment for depression/diabetes.

No.	Main Question	Probes
7	What's most important to you when it comes to receiving care for depression/diabetes?	
8	How do you communicate that to your doctor, nurse, or other provider?	
9	How can this exercise of choosing between Provider A and B, like you did in the survey, might ever be helpful for you to do before talking about what you want from your doctor? OR What would it look like to use this survey with your provider?	<ul style="list-style-type: none"> • How would you ask these questions? Where would it make sense to ask them: in the waiting room, with a doctor, with a nurse, before the visit? <ul style="list-style-type: none"> ○ Electronically, in-person, paper? • How comfortable would you feel with the doctor/provider having your answers to these questions? • Have you told your medical providers about your preferences before? <ul style="list-style-type: none"> - If so, how did that go? How might these questions make that experience better or worse? - If no, why not? Do you think that using these questions would make it easier or harder to tell your medical providers about your preferences?

TREATMENT OPTIONS

Are you currently getting treatment for your depression/diabetes?

Let's now talk about the treatment you are currently getting for your depression/diabetes care.

C.1 Depression/Diabetes Preferences and Care

No.	Main Question	Probes
10	<ul style="list-style-type: none"> • What are some things you like about the treatment(s) you are currently getting or using for your depression/diabetes? 	<ul style="list-style-type: none"> • Examples: Medications, Talk therapy, Lifestyle changes like exercise, multiple, alternative, other
11	<ul style="list-style-type: none"> • Can you tell me how you came to like this about your treatment? 	<ul style="list-style-type: none"> • Always had this treatment? Tried other treatments? • Can you tell me more about the reasons why you prefer this treatment(s)?

12	<ul style="list-style-type: none"> Using a scale from 0-10, how important is it to you that your treatment includes talk therapy/behavioral modification? Using a scale from 0-10, how important is it to you that your treatment includes medication? 	
13	<ul style="list-style-type: none"> What would happen if your provider or clinic stopped offering this treatment(s) that you like? 	<ul style="list-style-type: none"> What if there was another clinic nearby that offered a different treatment, what would you do?

Let's now move from what you like to what you don't like about your treatment.

No.	Main Question	Probes
14	<ul style="list-style-type: none"> What are some things you don't like about the treatments you are currently getting or using for your depression/diabetes? What happened that made you not like this? 	<ul style="list-style-type: none"> Always had this treatment? Tried other treatments?
15	<ul style="list-style-type: none"> To what extent do you feel like you get what you want from your treatment(s)? 	
16	<ul style="list-style-type: none"> How do you feel about what you are getting? 	

C.2 PROVIDERS

For the next questions I want you to think about the providers that help you manage your depression/diabetes. This could include your doctor, therapist, nutritionist, nurse, or anyone else who helps you.

No.	Main Question	Probes
17	<ul style="list-style-type: none"> What comes to mind when you think about a "good medical provider"? 	<ul style="list-style-type: none"> What does he/she do that makes him/her a "good provider"?
18	<ul style="list-style-type: none"> What comes to mind when you think about "bad" provider? 	<ul style="list-style-type: none"> What does he/she do that makes him/her a "bad provider"?
19	<ul style="list-style-type: none"> What are some things that your current providers do that you like? 	<ul style="list-style-type: none"> How satisfied are you with the amount of time you spend with your provider(s)? How satisfied are you with the way your provider communicates with you (e.g., uses words that are hard to understand)? To what extent your provider offers the care, tests, and treatments you need?
20	<ul style="list-style-type: none"> What are some things that your current providers do that you don't like? 	

21	<ul style="list-style-type: none"> Using a scale from 0-10 where 0 is no match and 10 is a complete match, how would you rate the degree to which your provider matches the idea of “good provider”? 	<ul style="list-style-type: none"> What would your provider have to do for the provider to be a 10. What would the provider have to do for the provider to be an 8.
22	<ul style="list-style-type: none"> Using a scale from 0-10 (where 0 means not important at all and 10 means extremely important), how important is your relationship with your provider when you receive treatment? 	
23	<ul style="list-style-type: none"> Using a scale from 0-10 (where zero means not important at all and 10 means extremely important), how important is it to you that your provider speaks a language that you can understand? 	

C.3 CLINICS

Now, please think about the places you go to get care, like a clinic or doctor’s office for example.

No.	Main Question	Probes
24	<ul style="list-style-type: none"> Why did you choose the clinic you current go to? 	
25	<ul style="list-style-type: none"> Using a scale from 0-10 where 0 is no match and 10 is a complete match, how would you rate the degree to which your clinic matches the idea of “good clinic”? 	<ul style="list-style-type: none"> What would your clinic have to do for the clinic to be a 10? What would the clinic have to do for the clinic to be an 8?
26	<ul style="list-style-type: none"> What are some things you like about the clinic or place you go to for your depression/diabetes? 	<ul style="list-style-type: none"> Examples: distance, receptionists, atmosphere, cost, paperwork, wait times, insurance, lack of preferred treatment availability, culturally or linguistically appropriate care
27	<ul style="list-style-type: none"> Using a scale from 0-10, how important is the amount of time it takes for you to go from home to your doctor’s office to you? 	
28	<ul style="list-style-type: none"> Using a scale from 0-10, how important is the cost of the doctor’s visit to you? 	
29	<ul style="list-style-type: none"> What are some things you don’t like about this clinic or place you go to for your depression/diabetes? 	<ul style="list-style-type: none"> How does a clinic meet/not meet your needs?
30	<ul style="list-style-type: none"> To what extent do you get what you expect or want from the clinic(s) you go to get care? 	
31	<ul style="list-style-type: none"> What are the things that you would like to get that you are not getting? What makes it harder for you to get those things that you want? 	<ul style="list-style-type: none"> What if there was another clinic nearby that offered the things that you want? What would you do? What would you do if you don’t get what you wanted?

EXPERIENCES OF DISCRIMINATION

[If interviewee reported in the survey personal experiences of discrimination]: You mentioned in the survey that you have been treated unfairly by a medical provider or front desk staff because of your *[reason listed]*. I am very sorry that this happened, but would like to learn more about these experiences to help other people. Do you mind sharing that experience with me?

No.	Main Question	Probes
32	<ul style="list-style-type: none"> Think back to when this happened to you. 	<ul style="list-style-type: none"> What did you do? (e.g., reported event, talked to provider) What measures were taken to address the issue? How has that incident changed the way you feel about receiving treatment there?
33	<ul style="list-style-type: none"> [If interviewee reported that someone close to him/her experienced discrimination]: You mentioned in the survey that someone close to you has been treated unfairly by a medical provider or front desk staff because of their <i>[reason listed]</i>. I am very sorry that this happened. Do you mind sharing that experience with me? 	
34	<ul style="list-style-type: none"> [If interviewee reported neither of the above but reported feeling that discrimination was a problem]: You mentioned in the survey that you believe people of color are not always treated the same. Can you tell me more about that? 	

CONCLUDING THE INTERVIEW

Thank you so much for taking the time to share your experiences with me so thoroughly. Your experiences are incredibly valuable to our research, and we appreciate your time.

Is there anything else you would like to tell me about anything we talked about today?