**Attachment S: Check-in Phone Calls**

Form Approved
OMB No. 0935-XXXX
Exp. Date XX/XX/20XX

**Demonstration of Health Literacy Universal Precautions Toolkit**

**INTRODUCTION:**

Thank you for taking the time to talk with us about the work that you and your team are doing to implement the HL Toolkit in your practice. We will be doing these check-in calls twice (end of second and fourth month of your 6-month project) to get a better understanding of the factors that have made it easy or difficult to implement each of the HL tools you’ve chosen to work on. We are defining implementation as anything that your practice is doing in this project that doesn’t include data collection. These check-in calls will also be opportunities for you to tell us what assistance we can provide you. As we talk, please keep in mind that there are no “right” or “wrong” answers to any of the issues we’ll be discussing — we are simply interested in learning about the experiences of your health literacy team and about the process of implementing the health literacy tools your practice has chosen.

The call will take no more than 30 minutes. All responses will be kept confidential to the extent permitted by law. I would like to tape record this call so we can be sure that we don’t miss anything. However, no names or other identifying information will be kept as part of the recording transcript.

Do I have your permission to talk with you about your practice and record the interview?

[IF YES (consent is given)]: Great. Okay, the recorder is now on. Just for the record, could you please tell me again whether you give your permission to record this interview?

**DISCUSSION QUESTIONS:**

1. Let’s make sure we’re on the same page. In addition to tools 1 and 2, your practice is also working on the following tools, correct?
* Tool 3: Raise Awareness
* Tool 4: Tips for Communicating Clearly
* Tool 5: The Teach-Back Method
* Tool 7: Telephone Considerations
* Tool 8: Brown Bag Medication Review
* Tool 11: Design Easy-to-Read Material
* Tool 12: Use Health Education Material Effectively
* Tool 13: Welcome Patients: Helpful Attitude, Signs, and More
* Tool 14: Encourage Questions
* Tool 16: Improve Medication Adherence and Accuracy
* Tool 20: Use Health and Literacy Resources in the Community
* Another tool (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, the estimated time required to participate in this survey.  An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

1. Have you changed your mind during this time or have decided to drop or add any tools?

 If so, why?

1. Which of the above tools have you begun implementing at this time? If applicable, when do you plan to begin implementation of the other tools?
2. What specific problems have you run into when implementing the tools?
3. Have you been able to troubleshoot these problems?
	1. Are they resolved now?
	2. How did you resolve them?
	3. Have you found the HL Toolkit’s instructions and resources helpful? Why or why not?
4. What problems still remain unresolved?
	1. What ideas do you have for how to resolve them?
	2. Do you believe that you have the necessary expertise and resources in your practice to tackle these problems?
5. Is there assistance we can provide you now to deal with these problems?
	1. What assistance would be helpful for you and your practice?
6. What additional or different implementation issues do you anticipate will arise in the next couple of months?