**Appendix C**

**Small Group Interview Guide**

**I. Welcome**

Thank you for coming here today. Your participation is very important. I’m \_\_\_\_\_\_\_ and I’m from RTI, a non-profit organization. The Health Resources and Services Administration, or HRSA, a federal health agency, is sponsoring this project. HRSA is working to develop a program that would use text messages to help improve the health of young people living with HIV. The messages would be sent to individuals from their clinic. Today, we are interested in hearing your thoughts about the message topics, some sample messages, and the program in general. The information we gain from these interviews will help inform the program, the message topics, and the draft messages. Your insights are very important to us and we really appreciate your time today. We will have about two hours for our discussion.

Before we begin, I want to review a few ground rules for our discussion.

* Most importantly, there are no right or wrong answers. We want to know your opinions and what you think about the issues we will be discussing. So please, don’t hold back from giving me your honest opinions.
* Everyone in this group today has the same HIV status. We ask that when you leave today you not talk about who is in the interview or what is said in the interview. We ask that each of you respects the comments and views of others in the room.
* Please remember to speak one at a time so that we can hear everything everyone says.
* As you were told during the screening process, we are audio-recording this interview today. This will be a backup in case we need to go back to listen to a particular part of the discussion today.
* If at any time you are uncomfortable with my questions, you can choose not to answer. Simply let me know that you prefer not to answer.
* Be sure to only use first names during the discussion. Please do not use your last name. Also, if you bring up a friend or other person you know as an example in our discussions, please do not use their last name either. So, whenever you mention a name, it should only be a first name and never a last name.
* If you need to go to the restroom during the discussion, please feel free to leave, but please return as soon as possible.
* Please turn your cell phone or beeper to vibrate or silent mode. The interview will last no more than two hours.

Do you have any questions before we begin?

Before we start with the questions and recording the discussion, let’s go around the group, tell your first name, and something you like doing in your spare time.

*[AFTER INTRODUCTIONS, START RECORDING.]*

**II.** **Individual Messages**

Now I am going to show you draft text messages that we have developed for young people who have HIV. The text messages are grouped into different categories, such as those to help people remember to take their medications or to let people know about support services available in their communities. We would like you to tell us what you think about the messages – which ones you like or don’t like, and how we can change them to make them better.

[Hand out grading form for first domain/set of messages. Show groups in different orders for each FG.]

I want you to look at each message individually and assign it a grade like you would in school, where A is the best and F is the worst.

[After they grade, ask...]

Now let’s choose some of the messages you didn’t like so much and discuss them. [Ask for volunteers or go around group if small.]

1. Thinking about the messages that you rated highly, what did you like about those messages? What made those stand out as good ones?

2. [For each message] What don’t you like about this message?

* Are there specific words or acronyms that don’t work for you? If yes, what are they?
* Did you find this message offensive? If yes, what did you find offensive about the message?
* Are there specific words that you didn’t understand? If yes, which words were hard to understand?

3. [For each message] how would you change this message to make it better?

4. If you could create new messages to [insert purpose of each domain/message group here], what would they be? [Ask for at least two actual messages or ideas for messages.]

[Repeat for each domain/message group.]

**III.** **Overall Impressions of Messages and Study**

Next, I am going to ask you some additional questions about the messages as a whole.

5. How interested are you in the message topics (hand out sheet with topics listed for reference)? Would receiving messages about these topics be helpful to you? Why or how? Are there other topics you would be interested in seeing messages about? If yes, what are they?

6. [Refer participants back to sample messages handout] What did you think about the tone of the messages or how they were presented? Were they offensive? Too serious? Not serious enough? How would you present these types of messages?

7. Are there specific words, phrases or acronyms that you haven’t already mentioned that we should avoid using? Are there other ones that would be OK to use in their place? Which ones would you not mind receiving? Probe for:

* HIV
* Positive/poz/+
* ART
* VL/CD4

8. To what extent did you think the messages were designed for you or other people like you? If not for you, who do you think the messages were designed for? How could they be made more relevant to you?

9. Do you prefer text messages that are spelled out or those that use shorthand, abbreviations or symbols instead of letters or words? [Show example] What are some of the shortcuts that you use when texting?

|  |  |
| --- | --- |
| **Can’t wait to see you at your next appointment! Call us if you can’t make it.** | **cant w8 2 c u @ ur next appt! call us if u cant make it.** |

Now I want you to imagine that we asked you to participate in a program where your HIV clinic would send you these types of messages over a nine month period. They would send each kind at the following times:

* Medication reminders – sent each time a dose is scheduled
* Adherence question – sent once a week to ask about missed doses
* Risky behaviors – twice a week, on or before the weekend
* Patient information – once a week
* Social support – once a week.
* Appointment reminders – sent 1-3 days before your clinic appointments

10. Would you be willing to participate in a program like this? Why or why not?

11. How many text messages would you be willing to receive each day/each week as part of a program like this?

12. Would it be helpful to get these kinds of messages? Why or why not? Which ones would be most helpful to receive?

13. If the clinic texted you questions about your medication adherence and your satisfaction with your care once a week, would you respond? Why or why not? How often would you be willing to respond to these types of questions?

14. How concerned would you be that someone might see these text messages on your phone and learn something about you? What are your ideas to help lessen the risk of this happening?

15. How involved are family members, guardians, partners or friends in helping you take your medications on time?

16. Which times of day or days of the week would you not want to receive these kinds of text messages? Why?

17. The name of this project is UCARE4LIFE. What would you think of each message being sent to you with <UCARE4LIFE> in front of it? What about the name, abbreviation or acronym from your clinic, for example [use local clinic name]? What is the best way for us to identify (or brand) incoming messages so you know where they are coming from?