

Attachment D2 Follow-up Interview Guide

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SECTION A: INTRODUCTORY TEXT

Hello, may I please speak with [RESPONDENT NAME]?

IF RESPONDENT ANSWERS OR COMES TO PHONE, SAY: *This is [INTERVIEWER NAME], calling from Battelle on behalf of the Centers for Disease Control and Prevention or CDC's study, Thinking About My Future Study, that you recently participated in. We are calling today to see if you are available to complete the follow-up interview that you agreed to be contacted for after our last interview. Is this a good time to talk?*

YES, SAY: *Great. Let's get started. GO TO CONSENT SCRIPT*

NO, SAY: *That's okay. When might be a good time for me to call back? TRY TO SCHEDULE AN APPOINTMENT WITH THE RESPONDENT*

IF RESPONDENT NOT AVAILABLE, SAY: *May I leave a message for [RESPONDENT NAME]?*

IF YES, SAY: *Please ask [RESPONDENT NAME] to call us toll-free at 1-xxx-xxx-xxxx. We are trying to reach [HIM/HER] to complete a survey that [HE/SHE] agreed to participate in.*

IF NO, SAY: *Thank you for your time.*

VOICEMAIL SCRIPT: *Hello, this is [INTERVIEWER NAME]. I'm calling for [RESPONDENT NAME] to conduct a telephone interview. Please return our call toll-free at 1-xxx-xxx-xxxx. Thank you.*

SECTION B: CONSENT

We expect the call today to take about 10 minutes. Just to remind you of some of the

things I mentioned before, your participation is voluntary. You can decide whether or not to complete the interview, and you may end the interview at any time. Nothing will happen to you if you choose not to participate. You may experience a level of discomfort in answering some questions. You may also choose not to answer any questions you wish. All the information you share with us will be kept private and secure. Only Battelle project staff will have access to any personally identifiable information about you. Although steps will be in place to protect the security of your responses, there is a small possibility that the information you provide could be connected with your name. Any identifiable information about you will be destroyed at the end of the study. We will send you a small gift when we are finished with this interview to thank you for your participation no matter how many questions you answer.

If you have any questions about this research study, you can call Jaime Dohack at 1-866-559-0924. If you have any questions about your rights as a study participant, you can call the Battelle IRB at 1-877-810-9530, ext. 500. I may also be able to address your questions.

Do you have any questions before we begin? ADDRESS ANY QUESTIONS.

Okay, let's begin the interview.

PROGRAMMER INSTRUCTION: RECORD START TIME _____

SECTION C: TTM STAGES OF CHANGE

In thinking about the future, many people make plans for what they will do when there are big changes in their life, such as changes in their employment, such as retirement, changes in their home or where they live, or changes in their physical ability.

In this section of the interview, I will read several statements to you about what you might be doing to prepare for changes in your life. For each statement, please tell me how strongly you disagree or agree with each statement. On a scale from 1 to 5, where 1 is strongly disagree and 5 is strongly agree, how much do you agree with the following statements?

[REPEAT RESPONSE OPTIONS AS NEEDED.]

[IF RESPONDENT HAS DIFFICULTY REMEMBERING THE RESPONSE CATEGORIES, SUGGEST THAT HE/SHE WRITE DOWN THE RESPONSES WITH A NUMBER BY EACH:

1 = STRONGLY DISAGREE

2 = DISAGREE

3 = NEITHER DISAGREE NOR AGREE

4 = AGREE

5 = STRONGLY AGREE

RESPONDENTS CAN STATE NUMBER RATHER THAN RESPONSE CATEGORY.]

1. I am currently engaging in a physical activity program on a regular basis.
2. I have started making changes to my home so as to protect me from tripping or falling in my home as I get older.
3. I have been thinking about my ability to get around as I get older.
4. I don't need to do anything to maintain or improve my physical strength or balance as I get older.
5. I am very motivated to conduct a safety check of my home to protect me from trips and falls as I get older.
6. I really think I should get started with a plan to make my home safe from the risk of tripping and falls.
7. I have been successful in making changes to eliminate trip and fall hazards in my home.
8. I am preparing to start a regular physical activity program in the next few weeks.
9. I could make changes to make my home safer from trips and falls as I get older, but I don't currently have plans to.
10. I have been talking with my family and friends about how I will get around as I get older.
11. I have made some changes to make sure I can get around as I get older, and I plan to continue.
12. I don't have the time or energy to think about how I will get where I need to go outside of my home as I get older.
13. I am doing something about the things that might limit my ability to get around as I get older, such as being active or getting a vision checkup.
14. I have made the changes I need to make so I will have the physical ability to do the things I want to do as I get older.
15. I have been thinking about whether I will be able to do the things I want to do as I get older.
16. I know how to get around as I get older and will continue to look for opportunities or support as I need them.

SECTION D: BEHAVIORS IN THE PAST 2 WEEKS

Now I'd like to ask several questions about things you may have done in the last 2 weeks.

For each activity, please tell me if in the last two weeks:

- You did not think about doing it,
- You thought about doing it,
- You made plans to do it, or
- You did the activity.

[IF RESPONDENT HAS DIFFICULTY REMEMBERING THE RESPONSE CATEGORIES, SUGGEST THAT THEY WRITE DOWN THE RESPONSES WITH A NUMBER BY EACH:

1 = YOU DID NOT THINK ABOUT DOING IT

2 = YOU THOUGHT ABOUT DOING IT

3 = YOU MADE PLANS TO DO IT

4 = YOU DID THE ACTIVITY

RESPONDENTS CAN STATE NUMBER RATHER THAN RESPONSE CATEGORY.]

[ASK FOR EACH OF THE FOLLOWING ACTIVITIES:]

1. *Scheduled an appointment to see your doctor? Would you say you did not think about doing it, you thought about doing it, you made plans to do it, or you did it?*
2. *Scheduled a vision check?*
3. *Participated in a physical activity program to increase your physical strength?*
4. *[The next activity is...] Participated in a physical activity program to increase your balance?*
5. *[The next activity is...] Checked your home for tripping hazards?*
6. *[The next activity is...] Made any changes for safety in your home, such as putting handrails on the stairs, grab bars in your bathroom, a lamp within reach of your bed, or any other changes for safety?*
7. *[The next activity is...] Took a driving refresher course?*
8. *[The next activity is...] Got your car checked to see how well it fits you?*
9. *[The next activity is...] Gathered information on transportation options other than driving yourself?*
10. *[The next activity is...] Looked up your medications to see how they may affect safe driving?*

SECTION E: DEVELOPING PLAN

[Using the same scale of 1 to 5 as earlier, where 1 is strongly disagree and 5 is strongly agree, how much do you agree with the following statements?

1. I have a plan for how I will maintain or increase my ability to do the things I want to do as I get older, including increasing my physical strength, improving my balance, and monitoring my vision and health.
2. I have a plan for how I will make my home safe so I can avoid tripping and falling in my home.

3. I have a plan for how I will get to where I want to go when I can no longer use my usual ways of getting around.

**[TREATMENT GROUP ONLY; CONTROL GROUP – SKIP TO SECTION G]
SECTION F: DISSEMINATION AND FEEDBACK ON USE OF MPT**

Finally, I would like to ask you some questions about the brochure that was sent to your home 2 weeks ago. The brochure is called “MyMobility” and has different sections about planning for your continued good mobility in regard to your physical body, your home and in your community.

[INTERVIEWER INSTRUCTIONS: IN THIS SECTION, DO NOT PROVIDE PROMPTS TO THE RESPONDENT EVEN IF HE/SHE DOES NOT REMEMBER THE CONTENTS OF THE BROCHURE. DO NOT DESCRIBE THE CONTENTS OF THE BROCHURE.]

1. Using a scale from 1 to 5, where 1 is not at all likely and 5 is very likely, how likely are you to download the brochure if it is on the Web or Internet? [RECORD RESPONSE]
2. How likely are you to use the brochure if it is given to you by your medical provider? [RESTATE RESPONSE SCALE IF NECESSARY. RECORD RESPONSE.]
3. How likely are you to read the rest of the brochure if you only saw the first page? [RESTATE RESPONSE SCALE IF NECESSARY. RECORD RESPONSE.]
4. Did you use the list on the second page of the brochure, named *Myself- A Plan to Keep Me Healthy*, to develop a plan for yourself? [yes/no]
5. Which parts of that page about keeping yourself healthy did you find most helpful?
6. Which parts did you find least helpful?
7. Did you use the list on the third page of the brochure named *My House – A Plan to Keep Me Safe Inside My Home*, to develop a plan to reduce the risk of trips and falls in your home? [yes/no]
8. Which parts of that page about keeping you safe inside your home did you find most helpful?
9. Which parts did you find least helpful?
10. Did you use the chart on the fourth page of the brochure (the page titled *My Community – A Plan to Stay Mobile in My Community*, to develop a plan for how you would get around if you could not do what you usually do? [yes/no]
11. Which parts of that page about planning to stay mobile in your community did you find most helpful?
12. Which parts did you find least helpful?

SECTION G: END

Those are all the questions I have for you. Thank you very much for answering our survey. Over the next few weeks you will be receiving a small gift in the mail in appreciation for the time you spent participating in this study. Thank you again. Goodbye.