We're interested in how the PEER forums got started at this installation, where it fits with other programs, and the impact that you think it's having on participants.

1. To start off, do you recall when the first PEER forums were organized?

2. We understand that the program is intended for caregivers of Service members. Does this accurately capture your participants, or are there others (like Service members who are caregivers)? Do you restrict your program in any way to screen out other types of caregivers?

3. Why was the PEER forum brought to this installation?

4. Who decided to implement it here?

5. Is there a strong need for PEER forums at this installation? Why or why not?

6. Do other administrators at this installation see a need for PEER forums? [If needed: By other administrators, we mean your professional peers – people in similar positions in different programs or units.]

7. What other services are available for caregivers at this installation and how do you think PEER fits in?
   a. Compared to these others, how is the PEER forum similar?
   b. How is the PEER forum different?

8. Did other similar programs exist before PEER forums that were ended or transitioned when the PEER forums started?

   a. [If yes:] To what extent did those existing programs fail to meet needs? Is the PEER forum now meeting those needs?

9. What instructions and/or training did you provide to facilitators on how to facilitator the sessions? [If applicable: Do you have a copy of the training or any guidelines that you can share with us?]

10. Are you aware of any customizations or alterations that are happening to the PEER forum at this installation?

    b. [If yes:] Can you tell me more about what the changes are and why they were made?

11. What do you think are the core components of PEER forums? That is, what parts of the program should not be altered, or need to be in place in order for the program to be effective?

    a. Is there a length of time that caregivers need to participate to get the full effect?

12. How receptive was this installation to the idea of running PEER forums? Why? (probe for supportive and obstructive stakeholder groups)

13. How well did PEER forums fit with existing work processes and practices in your setting?

    a. Did it create excessive demand on the facilities?
    b. Were staff available to run programs?
    c. Are clients reached through existing referral networks, or did new methods for referrals need to be established?

14. Were there any [other] issues or complications that arose when the PEER forums were being rolled out?

15. To your knowledge, do the PEER forums currently face any major barriers or obstacles? ([if needed:] …such as funding or resources, staff, too many participants, too few participants, resistance from providers or referrers, stigma, caregiver barriers?)

16. What were the costs incurred by implementing PEER forums?

17. How do you recruit caregivers to participate?

18. What about communicating with counselors, medical personnel, and other service providers who might refer caregivers to PEER?

19. As part of establishing the program or as part of daily operations of the PEER program, do you communicate with PEER administrators at other installations about their experiences? If so, can you tell me how you connected with them and how many people you've spoken with?

20. Do you think this intervention has been effective in your setting? Why or why not?

Finally, I have a few questions about the degree to which the PEER programs are being evaluated or could be evaluated at this installation.

21. First, what would you say are the goals of the PEER program? What is it supposed to accomplish for caregivers?

22. How and to whom have these goals been communicated?

23. To what extent has your organization set specific goals for implementing the PEER forums, such as having staff completing training, running a certain number of sessions a month, recruiting caregivers, or attendance?

24. Do you now collect or are there plans to collect process information about program itself, such as attendance or program quality?

   a. If so, what measures will you use?

   b. How will these be collected and assessed?

   c. How will this information be used?

25. Do you now collect or are there plans to collect information about program outcomes (i.e., the changes the caregivers experience by participating in the program, such as feeling less stressed or having more knowledge about caregiving)?

   d. If so, what measures will you use?

   e. How will these be collected and assessed?

   f. How will this information be used?

26. Do you track these types of information for other programs or services that support Service members and their families? If so, does some entity request or require that you collect this information and/or share it with them?