



Home Monitoring for Early Detection of Chronic Disease Exacerbation.

OMB No. 2900-0770
Estimated Burden: 45 minutes
Expiration Date: 9/30/2019

The Paperwork Reduction Act of 1995: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 45 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this telephone/mail survey will lead to improvements in the quality of service delivery by helping to achieve services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

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Veteran Interview Guide

Interviewer Name:

Interviewee Name:

Subject #:

Date:

Time Start:

Time End:

Hello (Mr./Ms. interview participant name),

My name is [interviewer name]. Thank you for agreeing to speak with us today. Is this still a good time for you for the interview?

If no, reschedule.

If yes, before we get started I just wanted to remind you of a few things. The purpose of this interview is to give you a chance to share with us your perspectives of your experiences and opinions of the use of the home monitoring sensors.

Your participation in this interview is completely voluntary and you have the option of stopping the interview at any time or of opting to skip a particular question. Your name and information will not be connected to any of your responses. These findings will be summarized in a report to VINYA, Inc.. We will not identify you as a participant in any of our reports. We will compile the findings into a single report.

This interview will take approximately 45-60 minutes. Questions or comments concerning the accuracy of the burden estimate and any suggestions for reducing this burden should be sent to Rene Hearn, VA Northeast Ohio Healthcare System at 216-791-2300 x45835.

If applicable: [I will be asking you some questions and [note taker name] will be taking notes today. Additionally, we will be audio recording this interview and maintain the recording in agreement with LSCDVAMC security and privacy rules. What this means is that the audio recording will be transcribed. The transcription will be anonymous and stored on a secure drive within the secure VA computing system, is this ok with you? If ok, I will ask the question again so that we have a recording of your agreement on the file. (Turn on the audio recorder and re-ask the question)]

Do you have any questions before we begin?

1. Tell us about your experience with having sensors in your home?

Follow up:

- a. What has been good?
 - b. What has been bad?
 - c. How does knowing that your activities are monitored make you feel?
2. What improvements could we make to the equipment?
 3. To what extent, do you think this information could be useful to you personally?
 - a. How so? Why not?
 - b. In what form would you like to see the information?
 4. If we are able to learn how to predict flare-ups of your COPD, how do you think this might change the way you live?
 5. Thinking of the times when you have ended up in the hospital for your COPD, how long has it taken to realize you need to be seen by a doctor?
 - a. What is usually the first sign?
 6. Do you feel as if you behave any differently because you know the monitoring is occurring?

That is all the questions we have. Thank you for taking the time to help us. Take care.