Go	od (r	morning/afternoon)! Thank you for your availability and willingness to participate in
this	s inte	erview. The United States Department of Health and Human Services, Office of Minority Health is
interested in learning about the experience of users who have completed {e-learning program or e-		
res	ourc	te name} on the Think Cultural Health website. You have been selected because you have
exp	ress	sed interest in being contacted about your experience using this e-learning program/e-resource.
Му	nan	ne again is I work with SRA International, and we are completing these interviews on
behalf of the Office of Minority Health. My partner will be taking notes from our discussion. We		
wo	uld a	also like to audio record this interview to ensure that we obtain all the information as accurately
as possible, and capture any important information that we might miss in our notes. May we have your		
•		sion to audio record this interview? The information we collect from you today will only be
acc	essil	ble to the HHS Office of Minority Health, and any information that is shared will be reported as a
sur	nma	ry without your identifying information included. Do you have any questions?
Gre	at!	Let's begin the interview! First, we would like to ask you about the work you are currently doing.
		nat is your current position title within your organization?
2.	Wh	at are your major responsibilities in this position?
Now, let's talk more about your experiences with the {e-learning program or e-resource name}.		
	1.	What motivated you to complete/use {e-learning program or e-resource name}?
	2.	Approximately, how long did it take you to complete each Course/Unit of the {e-learning
		program or e-resource name}?
	3.	How was the information provided in each Course/Unit of the {e-learning program or e-resource
		name} relevant to your current work?
	4.	How have you applied the information in the Courses/Units of the {e-learning program or e-
		resource name} to the work that you do?
	r	How has completing each Course/Unit of the (a learning program or a recourse name) shaped
	5.	How has completing each Course/Unit of the {e-learning program or e-resource name} changed the way you {Course/Unit topic(s) objectives}?
		the way you (course/offic topic(s) objectives;
	6.	How has your attitude about {Course/Unit topic(s)} changed because you completed Unit ?
	٠.	, a.a. actitude about (course) oint topic(o)) changed because you completed oint

7. What additional information would make the {e-learning program or e-resource name} more

applicable to the work you do?

Think Cultural Health (TCH) Key Informant Interview Protocol

- 8. In the past six months, what information from the {e-learning program or e-resource name} have you looked at again to help you in your daily work?
- 9. How could the information provided in the {e-learning program or e-resource name} be more helpful to you?

Great! Now, I want to talk to you about some of the features of on the {e-learning program or e-resource name}.

- 10. What was it like taking a training on {Course/Unit topic(s)} online?
- 11. What were your overall impressions of the various Case Studies used in {e-learning program or e-resource name}?
- 12. What other features in the {e-learning program or e-resource name} did you like?
- 13. What other features in the {e-learning program or e-resource name} did you not like?
- 14. In what ways could we improve how the content in the {e-learning program or e-resource name} was visually presented?

Thank you! We are almost done! We just have a few more questions about the website and your experience using and navigating the site.

- 15. What about the website for {e-learning program or e-resource name} did you like?
- 16. What about the website for {e-learning program or e-resource name} did you not like?
- 17. How was your experience registering for the {e-learning program or e-resource name}?

  PROBES: Did you feel the registration questionnaire was too long or too short?

  How did you feel about the password requirements? How easy or difficult was it for you to log in at a later time?
- 18. How was your experience navigating through the {e-learning program or e-resource name}? PROBES: How easy was it for you to navigate from one page to another?
- 19. Did you take the {e-learning program or e-resource name} a device other than a computer or laptop?

**PROBES:** If yes, what kind of device did you use? (E.g., tablet, smartphone?) How did the site look?

20. Overall, what would you say to others (for example, your coworkers) about the {e-learning program or e-resource name}?

- 21. Who else do you think would benefit from the {e-learning program or e-resource name}?
- 22. What additional comments do you have about the {e-learning program or e-resource name}?

Thank you so much for your time and participation. We have learned a great deal from you today.

23. Before we end, is there anything else that we have not asked you about that you would like to share?

We appreciate you sharing your experience with {e-learning program or e-resource name} on Think Cultural Health. Your feedback will help us in understanding how the content of this e-learning program/e-resource is used. Thank you again for your participation and please do not hesitate to contact us with any further comments or questions you may have.