

Evaluation Patient Interview Guide

Introduction

Hello, my name is [STAFF NAME], and I am a researcher from [ORGANIZATION NAME]. On behalf of the MedStar-IMPAQ team, thank you for your interest and willingness to participate in a brief interview about [CDS TOOL NAME], developed under the funding of the Agency for Healthcare Research and Quality within the U.S. Department of Health and Human Services. Your answers to these questions will help us understand how patients use [CDS TOOL NAME] and how we could improve it in the future.

There are no right or wrong answers to these questions – we are interested in your thoughts, opinions, and experiences. All the information you share with us today is voluntary and will be kept strictly confidential. We will only report information in such a way that it is not possible to identify any single respondent (for example, summarizing suggestions for improvements). However, if you do not feel comfortable answering a question, let me know and we can skip that question. If you need to end the interview at any time, for any reason, please let me know.

Finally, with your permission, we would like to audio record this interview. This helps us focus on having a conversation with you and ensures that your responses are captured accurately. This recording and any notes will be securely stored in our data enclave. Only project staff will have access to these files. We can also provide you a copy of those interview notes, upon request.

Would it be okay with you if we record the audio from today's conversation?

[IF NO, READ THE FOLLOWING.]

Okay, we can still continue with the interview.

[IF YES, READ THE FOLLOWING.]

Thank you. I am going to start the recording, and I will ask you one more time if you agree to participate in this interview, and if it is okay to record.

This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. Public reporting burden for this collection of information is estimated to average 30 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 5600 Fishers Lane, Room #07W42, Rockville, MD 20857

Verbal Consent

To confirm: Do you agree to participate in this interview today?

[WAIT FOR RESPONSE.]

[FOR AUDIO RECORDING:] And do you agree to have this conversation audio recorded?

[WAIT FOR RESPONSE.]

Thank you. Let's get started.

Section 1: Decision to Use [CDS TOOL NAME]

1. How did you first learn about [CDS TOOL NAME]?
2. What were your first impressions of [CDS TOOL NAME] when you heard about it?
3. What did you consider when deciding to use [CDS TOOL NAME]?
Probes: What benefits did you see? What concerns did you have?
4. What would you say to another patient like you who was considering using [CDS TOOL NAME]?

Section 2: Feedback on Using [CDS TOOL NAME]

5. Describe your experience getting started with [CDS TOOL NAME].
Probes: What resources or other support did you need to get started? What would you have liked to have available?
6. Tell me about how you use [CDS TOOL NAME] to help take care of your health.
7. What are the most useful features or parts of [CDS TOOL NAME], for you? And why?
Probes: What other features or parts are useful?
8. What are least useful parts of [CDS TOOL NAME], for you? And why?

9. Will you continue to use [CDS TOOL NAME] in the future? Why or why not?

Probes: What parts or features of the tool will you use most often? Less often?

Section 3: Future Suggestions [CDS TOOL NAME]

10. What are some changes could we make to [CDS TOOL NAME] to improve it?

11. What features would you like to see added to a future version of [CDS TOOL NAME?]

12. Finally, is there anything else you would like to share with me today about [CDS TOOL NAME]?

That concludes my questions. Thank you again for sharing your thoughts and your time with us!