

Initial interview questions

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Medication

What do I mean by temporary medication?

Temporary medication is one that is prescribed by your doctor for a short-term illness such as a virus or infection.

An antibiotic is an example of temporary medication.

1. Have you ever been prescribed temporary medication?
(Describe what I mean by temporary medication if they are still unclear)
2. Have you been prescribed temporary medication in the last 1-2 years?
(Close the interview if the answer is no)
3. Do you remember roughly when the last time you were prescribed temporary medication was? When was it?
4. Did you take the medication?
(Close the interview if the answer is no)

The last time - background

Tell me about your experience the last time you were prescribed temporary medication.

1. How long was the prescription for? (Length)

2. How many pills were you prescribed to take per day? (Quantity)

3. When did you your doctor or pharmacist tell you to take your medication?
(Time of day/intervals)

4. What strategies did you use to remember to take your medication?
(What was the cue)

The last time - adherence

1. How many days did you take this medication?
2. How many times a day did you usually take it?
3. How many times did you miss taking it?
4. How well did the drug work for you?
 - a. 1 Not at all well
 - b. 2 Moderately well
 - c. 3 Very well
 - d. 4 Don't know
5. How much did the drug bother you? (Attitude)
 - a. 1 Not at all
 - b. 2 Bothers a little
 - c. 3 Bothers a lot
 - d. 4 Don't know

6. On what occasions, if ever, did you have difficulty remembering to take your medication?

7. Did you finish the prescription as prescribed by your doctor or pharmacist?
(Did they take it as recommended)
 - a. If not, why do you think you didn't finish the prescription?
(Probe to find out if it was intentional or unintentional – if intentional, close the interview, or ask for another example)

8. On a scale of 1-9 (with 1 being not at all, and 9 being completely) where would you rank yourself in remembering to take your temporary medication?

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14

5. Did you stop taking your medication when you felt better?
(An affirmative answer suggests the presence of an adherence problem)

Attitude and use of notifications on smartphone

1. Do you use a smartphone? (e.g. iPhone or android)
2. Do you carry your phone with you daily?
3. Do you receive notifications on your smartphone from apps?
(Ask them to look at their smartphone for reference)
4. Do you usually check your notification as they appear on your phone?
5. Which notifications do you usually check?
6. When might you not check the notifications on your phone?
7. What notifications do you find most useful?
8. Are there any notifications that you have turned off?

Attitude towards health apps

1. Have you ever downloaded an 'app' to track anything related to your health or fitness? (Give examples if they seem stuck)
2. How many health-related smartphone apps have you used?
3. Do you have any health-related apps installed on your phone now?
4. Can you show me the health apps you have installed on your phone?
 - a. Can you tell me more about the apps you've shown me?
 - b. What do you use them for?
 - c. When was the last time you used them?
 - d. Have you increased/decreased your usage of the app since you first used it/bought it?
5. Please tell me the reasons you have used health apps
 - a. Track how much activity/exercise I get
 - b. Help me watch what I eat
 - c. Weight loss
 - d. Show/teach me exercises
 - e. Track a health measure
6. How much do you trust that your health apps automatically record your data accurately?
 - a. Moderately trust
 - b. Very much trust