

Ogilvy CommonHealth Behavioral Insights
Understanding Obstructive Sleep Apnea
Care Partner Post-Visit Interview Guide

Thank you for your participation in our research. We are going to ask you some questions about your experiences with a loved one or friend who is participating in our study, so that we can better understand your perspective. All your responses will be confidential and will not be shared with your participating friend or loved one, or the healthcare professionals.

PATIENT'S CONDITION AND QUALITY OF LIFE [10 MINUTES]

1. *[The purpose of these questions is to capture the language that the participant uses to refer to their friend/loved one's excessive sleepiness—please use their terminology throughout the interview.]* What brought your friend/loved one to see the doctor today?
 - a. *If they referred to Obstructive Sleep Apnea (OSA), but not referred to Excessive Sleepiness (ES), what ended up being discussed with the doctor during the visit you participated in? (If necessary, probe for: excessive sleepiness or excessive daytime sleepiness)*
2. When did your friend/loved one first start having problems with [participant term for excessive sleepiness]? *(Probe for number of months/years ago)*
 - a. Please describe how you felt and how you were impacted when [name] started experiencing [participant term]. *(Probe for symptoms/severity and impact on daily activities and how that affected them)*
 - b. Was it you, [name] or someone else that recommended they go see a physician for this problem? Tell me about this.
 - c. Do you know what [name] was diagnosed with?
 - i. ***If yes:***
 1. What was it like for you as [name] went through the process of getting diagnosed?
 2. What was the most important thing to you that was discussed with the doctor when [name] was diagnosed? Why?
 3. What were your concerns at that time? *(Probe for fear of them getting hurt while driving, inability to work, accidentally hurting others because they could not stay awake)*
 - a. Did you share these concerns with [name]?
 - b. Did you share these concerns with the doctor or any other healthcare practitioner? *(Probe for details)*
 - ii. ***If no:*** What was it you thought was wrong with [name]?
3. How has [name's] [participant term] changed over time? *(Note: it is important to understand the patient's experiences with excessive sleepiness. Probe for current symptoms and severity leading to what they experience today.)*

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4. How has [name's] being tired/sleepy [use their terminology] during the day impacted their life? *(Probe for changes in daily routine, behavior, sleep disruptions, daily and long-term impacts on work, social, family life, etc.)*
 - a. Has there been an impact on their mood, memory, or physical performance?
 - b. Do you believe they are concerned about dozing or falling asleep unintentionally and how it might cause other issues: at work, taking care of a child, etc.?
5. How has [name's] being tired/sleepy [use their terminology] during the day impacted your life? *(Probe for daily and long-term impacts on work, social, family life)*
 - a. What are your fears and/or frustrations about [name's] being tired during the day? *(Probe for things like impact on work, driving/accidents, impacted relationships, issues with memory, physical symptoms like headaches, responsibilities such as taking care of family members, skipping or declining social engagements, overall anxiety or depression because of their limitations due to exhaustion)*
 - a. Are you concerned about them dozing or falling asleep unintentionally and how it might cause other issues: at work, taking care of a child, etc.?
 - b. Have you discussed these impacts and concerns with them or any other family/friends? *(Clarify who they spoke to)*
 - i. *If no*, what prevents you from discussing this with others? *(Probe for their comfort level discussing it, other's receptiveness)*
 - c. Have you discussed your concerns, or the impact [name's] [use their terminology] has had on your life with the doctor you saw today or any other healthcare professional? *(Clarify who they spoke to)*
 - i. *If no*, what prevents you from discussing this with the doctor? *(Probe for their comfort level discussing it, the physician's receptiveness)*
6. On a scale of 1-5, with 1 being not at all, 2 being minimally, 3 being moderately, 4 being very, and 5 being extremely, how impacted do you feel [name's] daily activities are in regards to being sleepy/tired by day?
7. On a scale of 1-5, with 1 being not at all, 2 being minimally, 3 being moderately, 4 being very, and 5 being extremely, how impacted are you in regards to [name's] being sleepy/tired by day?

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TREATMENT: CURRENT, FUTURE, AND GOALS [7 MINUTES]

8. Can you tell me anything about [name's] treatment? *(Probe for confirmation that they are using their CPAP, and for any other medication, behavioral therapy)*
9. Were any new treatments for [name's] [participant term] started or changed during today's visit? *(Probe for treatments started, stopped, increased/decreased, behavioral changes discussed if they were discussed as "treatment") If yes:*
 - a. Do you know what treatments were started, changed, or discussed for future use?
 - b. What did the doctor tell you both regarding this new treatment or change? *(Probe for benefits, how it works, how it's administered, anticipated side effects)*
 - c. Were you aware of this treatment before the discussion today?
 - d. Did you feel that you got enough information from the doctor about this treatment? Do you have any unanswered questions or concerns?
 - e. How confident are you that this start/change will address [name's] [patient term]? *(Probe for low, moderate, or high level of confidence and why they feel that way)*
 - f. Does [name] plan to start/change his/her treatment as discussed today? *(Probe for why/why not)*
10. Did the physician or any other healthcare professional discuss any data from the CPAP machine? *(Probe for during the visit or at any time)*
11. What does successful treatment for [participant's term] look like to you?
 - a. How confident are you that treatment will address [name's] [participant term]? *(Probe for extremely, very, moderately, slightly, not at all)*

WRAP-UP [3 MINUTES]

12. What was the single most important thing you discussed with the doctor today regarding [name's] [participant term]? Why?
13. Was there anything else you hoped to discuss today but did not have the opportunity to talk about? *(Probe for details)*
 - a. *If yes, what prevented you from bringing up that topic?*
14. After today's visit, does [name] plan to do? *(Probe on whether they will be returning for a follow-up, and next steps for reaching their goals)*

TOTAL INTERVIEW TIME: 20 MINUTES