

## **Study Participant – IDI and FG Guide - Intervention**

### **INTRODUCTION**

Thank you for speaking with me. We are talking to women and men who have been a part of SMART-DAPPER. Today I would like to hear more about your experience. I am interested in any recommendations/suggestions you have for the program. It's ok if you can't remember some details - I am more interested in your overall experience. There are no right or wrong answers to these questions and I will not be offended if you share your thoughts, both positive and negative. I am most interested in learning about what worked and what didn't work during experience with SMART-DAPPER. Your feedback will help make this and future programs better. I want you to speak most of the time and I will speak very little. Please remember that anything you tell me is confidential and will not affect your treatment or care that you receive in any way.

### **\*\*GO THROUGH INFORMED CONSENT PROCESS\*\***

Do you have any questions about this interview or the consent? Are you willing to be recorded? OK...let's go ahead and get started. Please stop me if you want to take a break, or if would like any part of interview to be unrecorded. Let's begin with some background questions about you.

### **Treatment experience**

- (1) I would like to hear how you first heard about SMART-DAPPER and your initial impressions
- (2) How was your overall experience with the treatment that you received? What are the positive, negative and neutral aspects of the treatment?
- (3) Were you able to attend all/most of the treatment sessions? Please tell me more.
  - a. If so what helped you attend the sessions? If you could not attend all of them, why not?
  - b. How was the frequency of the treatment visits?
  - c. How was the length of the treatment session?
- (4) Tell me more about your experience with the treatment provider.
  - a. Were you able to ask questions during the sessions? If so, were the responses useful?
  - b. How did the treatment provider treat you? Did you feel respected?
  - c. Did you feel like your confidentiality and privacy were respected?
  - d. Did you receive the attention that you needed?

- e. Did you visit occur at the scheduled time?
- (5) How was space where the treatment was provided?
- a. Was it convenient? Clean? Comfortable? Private?
- (6) Next, I'd like to hear how the treatment(s) changed, if at all, how you feel mentally?
- a. Why were they helpful/non-helpful?
  - b. How, if at all, has your treatment affected your mood? Probe on reasons why/why not participation in treatment affected mood
  - c. How has treatment affected other aspects of your emotions?
  - d. How has it affected your concentration and attention?
  - e. How has it affected your energy?
  - f. How has it affected your appetite and weight?
  - g. How has it affected your relationships?
  - h. How has it changed the level or type of interpersonal conflict in your life?
  - i. How has it affected your home life?
  - j. How has it affected your physical health?
  - k. How has it affected your economic health?
- (7) Would you refer other people to the treatment that you have received? Why or why not?
- (8) What suggestions do you have to improve the treatment?
- a. What other types of treatment would you like to receive?
  - b. What other settings/locations can treatment be provided?
  - c. Would you like to receive treatment by phone or in person? Why?
  - d. Were there any other areas/topics that you wanted to discuss with your treatment provider?

### **Conclusion**

- Are there any other topics that you would like to discuss?
- Is there something you started to say about any topic that you did not get to share?
- Thank you very much for your time. Do you have any questions about this interview before we end today?