GUIDELINES FOR PERFORMING INTERVIEWS

**General guidelines**

1. The consent form should be read by the client, or read to the client if necessary, before the interview is conducted. If the client does not understand any part of the form, then explain that section in a way that the client can understand what is being asked of them. The consent forms should be returned to the researchers along with the questionnaires.

2. Do not show approval or disapproval of any answer choice or question that is asked by the client (there are no right or wrong answers).
   
   *example: If a patient answered “Never” to “how often do you follow your doctor’s advice”, then a frown or statement like “you really should listen to what your doctor says” would be inappropriate.*

3. Resist the temptation to teach during the interview even if asked a direct question about an issue.

4. Always read the question and answer choices *exactly* as written then give the client a chance to answer the question before any further explanation is given. Exceptions to this include telling the client what a “general doctor” is (#1) and what “advice” and “information” are referring to (#4 & #6) along with the question.

5. All of the questions except #2 deal with the client’s experiences when he or she visits a physician in the physician’s office. They do not include experiences in a hospital or other location.

6. The “doctor’s office” includes anyone in the office such as the receptionist or an in-house registered dietitian.

7. The interview should be conducted in a place that is as distraction free as possible. Each client should be given ample time to answer each question if needed.

8. If there is a concern about a client’s particular answer, then this should be noted clearly
beside of the question. Each client should be asked to choose a specific answer and not just give an answer which is interpreted by the Program Assistant to fit one of the answer choices.

9. If a client is unable to answer a particular question that does not have “can not answer” as a choice, then place an “X” through the entire question.

10. If a client refuses to or is unable to participate, then an alternate client should be used.

11. If there is a concern about a particular question or administration of the questionnaire, then Dr. Ruby Cox can be reached at (540) 231-7156 or Greg Shawver at (540) 951-2867.

Guidelines for individual questions

Question #1 -
A. A family or general doctor includes only family doctors and internists and not pediatricians or OB-GYNs. The clients should be informed of this after the question is read to them.
B. This includes all family or general doctors the client sees and not just the one the client normally sees.
C. Only the visits that the client is actually seen by the doctor should be counted.
D. The average number of visits should be calculated over roughly the past five years.

Question #2 -
This question only refers to being seen in a Health Department, Free Clinic or emergency room.

Question #3 -
A. If the client is unsure of a condition, then question the client to try and discover what the condition is. For example, high sugar often means diabetes.
B. If the individual is unsure if he or she is overweight or underweight, then ask if a physician has ever told them so. If not, then do not include as a condition.
C. Do not include acute conditions such as the flu.
D. If unsure if a condition should be included, then go ahead and write the condition in.

Question #4 -
A. Remember, the rest of the questions deal with seeing a family or general doctor in his or her own office over roughly the past five years.

B. Advice always refers to being talked to and/or receiving written information. The clients should be informed of this before the question is read to them.

C. “How you should eat” mainly refers to what kinds of foods the client should and shouldn’t be eating and the amount of fat, protein, vitamins, etc... that the client should be getting. This also includes issues such as eating five small meals versus three large meals a day, the importance of eating breakfast, etc...

D. If a patient received nutrition advice last time they visited their doctor, that doesn’t necessarily mean that an answer of “always” would be correct.

Question #5 -
Trying to follow the doctor’s advice and actually following it are two separate acts. This question deals with actually following or implementing the advice that is given.

Question #6 -
Information refers to printed material and/or talking (the same as advice). The clients should be informed of this after the question is read to them.

Question #7 -
A. “Money situation” refers to how much money the patient makes or how they are going to pay for the visit.

B. This question is only concerned with the patient’s conversations with the doctor and not with the doctor’s staff.

Question #8 -
A. Check all the sources that the patient normally uses.

B. If a patient has only paid with their own money once out of the last 15 visits, then “your own money” should not be checked.

C. Circle the source that pays for most of the bill.

Question #9 -
A. If the client is unsure as to who the person is, then question the client about the individual to see if it is apparent to you.

B. Check all individuals who usually talk to the client.
Question # 10 -
A. Again, this does not include when the client is in the hospital or when they talk to someone other than the doctor in the doctor’s office.
B. If the patient is unsure as to where they were referred, then ask them questions about it.
C. It is acceptable to check a location as long as the doctor told the patient to go there even if the patient did not actually go.
D. Check all locations that the client has been referred to within the past 5 years.

Question # 11 -
This question only refers to a physician asking a patient how much money the patient makes and not what kind of insurance (such as Medicaid) the patient has.

Question # 12 -
This is a very general question that encompasses such things as whether the patient understands the advice, if the advice is directed at the patient specifically and if the advice can be followed.

Question # 13 -
This question is more specific than question # 12. It only deals with how much of the advice the patient understands.