| Participant unique ID: | | | Date: | Time: | Interviewer initials: |
|------------------------|---|-----------------------------|----------------------|-------------------------|-------------------------------|
| • | Can yo | u describe in your | own words the pur | pose of the grid? | |
| | | | | | |
| • | What i | s your overall impr | ression of the grid? | (layout of information, | ease of use, complexity etc.) |
| | | | | | |
| • | Based upon the information in the grid can you describe in a sentence: What each of the approaches is about? | | | | ice: |
| | | | | | |
| | 0 | Is there one appr sense) | oach that is more e | ffective than another? | (Do the diagrams make |
| | | | | | |
| | 0 | How long before | someone might fee | l better? | |
| | | | | | |
| | 0 | Can you receive i | more than one of th | ese options? | |
| | | | | | |
| • | Do the | questions and info | ormation presented | make sense? (This may | y be answered above) |
| | | | | | |

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Depression Option Grid: Interview Guide

| • | Is there anything in the grid that you find confusing or poorly worded? (You can ask if there is anything else if they have identified confusing parts of the grid already) | | | | |
|---|---|--|--|--|--|
| | | | | | |
| • | How would you reword things that you find unclear in the grid? (How would you say them in your own words) | | | | |
| | | | | | |
| • | Are there other questions that you feel would be important to include? | | | | |
| | | | | | |
| • | How helpful do you feel this grid would be in helping someone make a decision about his or her care? | | | | |
| | | | | | |
| • | What can we do to make this grid more helpful? | | | | |
| | | | | | |
| • | When would this best be given to the individual? Before the visit, during the visit with their clinician, at home, both? | | | | |
| | | | | | |

Thank participant; inform them that the gift card will be sent to their email address to be used on Amazon.

Lifeline number: 1-800-273-8255