

<b>PharmFIT Patient Interviews Codebook</b>		
<b>Code</b>	<b>Code Definition</b>	<b>Code Group</b>
<b>KNOWLEDGE</b>	General knowledge about colorectal cancer and procedural understanding about screening. This also encompasses lack of knowledge about CRC screening procedures or general knowledge of CRC.	Knowledge
<b>BELIEFS ABOUT CAPABILITIES</b>	Acceptance of the truth, reality or validity about an ability, talent or facility that a person can put to constructive use. *Need to be viewed from patient perspective	Beliefs About Capabilities
Self-efficacy	An individual's subjective perception of his or her capability (i.e., confidence in their ability) to perform in a given setting or to attain desired results (Social Cognitive Theory).	Beliefs About Capabilities

<p>Perceived behavioral control</p>	<p>The extent to which a person believes a behavior is under their active control. It is a function of control beliefs: beliefs about the presence or absence of factors that can either facilitate or impede performance. This is distinct from self-efficacy, which pertains more to a person's confidence in their ability to perform an action, rather than their perception of how much agency they have over their own actions. (Theory of Planned Behavior). Example: For the purpose of this analysis, we will apply this code for Cues to action, defined as "trigger or prompt to engage in a behavior." Such as if the patient says that they will get a CRC screening because their doctor recommended it.</p>	<p>Beliefs About Capabilities</p>
<p><b>BELIEFS ABOUT CONSEQUENCES</b></p>	<p>Acceptance of the truth, reality, or validity about outcomes of a behaviour in a given situation</p>	<p>Beliefs About Consequences</p>

Attitudes/Beliefs	<p><b>ATTITUDE:</b> A relatively enduring and general evaluation of an object, person, group, issue, or concept on a dimension ranging from negative to positive. Attitudes provide summary evaluations of target objects and are often assumed to be derived from specific beliefs, emotions, and past behaviors associated with those objects (Theory of Planned Behavior).</p> <p><b>BELIEF:</b> Acceptance of the truth, reality, or validity of something (e.g., a phenomenon, a person's veracity), particularly in the absence of substantiation (Health Belief Model).</p> <p>Examples: Pros/Cons question responses would likely be coded with this construct. Includes attitudes of trust toward providers, pharmacy staff, etc.</p>	Beliefs About Consequences
<b>MOTIVATION AND GOALS</b>	<b>WRITE DEFINITION</b>	<b>Intentions</b>
Behavioral Intentions	<p>Motivation to perform the behavior, and encapsulates a person's willingness to try to perform a behavior or how much effort they plan to put into performing the behavior. (Theory of Planned Behavior). Example: This can range from contemplating about engaging in an action to an actual plan/aim to engage in an action.</p> <p>Example: the patient says they are due for CRC screening and plan to get a colonoscopy at their next doctor visit.</p>	Intentions

Action planning	Detailed specifications of how to perform the intended behavior. In other words, what are specific steps or mechanisms that need to be in place to carry out a specific behavior, like getting a CRC screening. Examples: Reminder/recall systems to help patients remember to complete FIT kits. Step-by-step procedure or instructions for completing a FIT kit. Follow-up procedures on positive FIT results.	Intentions
<b>MEMORY, ATTENTION &amp; DECISION MAKING PROCESS</b>	The ability to retain information, focus selectively on aspects of the environment and choose between two or more alternatives	Memory, Attention & Decision Making Process
Decision Making - General	The cognitive process of choosing between two or more alternatives, ranging from the relatively clear cut (e.g., ordering a meal at a restaurant) to the complex (e.g., selecting a mate). Apply this code when the respondent is providing a rationale for preferences in health care unrelated to the PharmFIT intervention. Example: Preference for a type of pharmacy over another. Preference for the type of CRC screening (e.g., Colonoscopy vs FIT).	Memory, Attention & Decision Making Process

Decision Making - PharmFIT intervention specific	The cognitive process of choosing between two or more alternatives, ranging from the relatively clear cut (e.g., ordering a meal at a restaurant) to the complex (e.g., selecting a mate). Apply this code when the respondent is providing a rationale for preferences for certain aspects of getting a FIT kit or CRC screening from a pharmacy. Example: Preference who makes the recommendation to get screened (e.g., physician vs pharmacist), how they pick-up or get the FIT kit, how results are reported, etc.	Memory, Attention & Decision Making Process
<b>SOCIAL INFLUENCES</b>	Interpersonal processes that can cause individuals to change their thoughts, feelings, or behaviors	Social Influences
Social pressure	The exertion of influence on a person or group by another person or group. Social pressure includes rational argument and persuasion (informational influence), calls for conformity (normative influence), and direct forms of influence, such as demands, threats, or personal attacks on the one hand and promises of rewards or social approval on the other (interpersonal influence).	Social Influences

Social support	The provision of assistance or comfort to others, typically to help them cope with biological, psychological, and social stressors. Support may arise from any interpersonal relationship in an individual's social network, involving family members, friends, neighbors, religious institutions, colleagues, caregivers, or support groups. It may take the form of practical help (e.g., doing chores, offering advice), tangible support that involves giving money or other direct material assistance, and emotional support that allows the individual to feel valued, accepted, and understood. Example: Participant identifies family members who support them.	Social Influences
<b>PREDISPOSING FACTORS</b>	The socio-cultural characteristics of individuals and their environments that determine healthcare use and health outcomes	Predisposing Influences
Individual sociodemographic factors	Age, sex, education, occupation, race/ethnicity and social relationships (e.g., family status).	Predisposing Influences
Contextual predisposing factors	Demographic and social composition of communities, collective and organizational values, cultural norms and political perspectives	Predisposing Influences
<b>ENABLING FACTORS</b>	The logistical aspects of obtaining care	Enabling Influences

Individual financing factors	Income and wealth at an individual's disposal to pay for health services and the effective price of health care which is determined by the individual's health insurance status and cost-sharing requirements	Enabling Influences
Individual organizational factors	Whether an individual has a regular source of care and the nature of that source. They also include means of transportation, travel time to and waiting time for health care. Example: When a patient talks about their specific pharmacy or healthcare facility/where they go to get healthcare.	Enabling Influences
Contextual financing factors	The resources available within the community for health services, such as per capita community income, affluence, the rate of health insurance coverage, the relative price of goods and services, methods of compensating providers, and health care expenditures. If the patient talks about features of a pharmacy (e.g. lack of privacy or exam room but is not necessarily related to the pharmacy that that patient goes to)	Enabling Influences

Contextual organizational factors	The amount, varieties, locations, structures and distribution of health services facilities and personnel. It also involves physician and hospital density, office hours, provider mix, quality management oversight, and outreach and education programs. Health policies also fall into the category of contextual enabling factors. Note - This code would apply when the interviewer asks something along these lines: "Tell me about what type of health care providers or facilities are available in your neighborhood/community?"	Enabling Influences
<b>NEED FACTORS</b>	The most immediate cause of health service use, such as functional and health problems that generate the need for health care services.	Need Influences
Perceived need for health services for individual	How people view and experience their own general health, functional state and illness symptoms. Note - only apply this code when the participant shares information about their health or their perceptions about their health.	Need Influences
Evaluated need for health services for individual	Professional assessments and objective measurements of patients' health status and need for medical care. Example: patient stating that PCP had told them they are at increased risk for CRC.	Need Influences



<b>STAND ALONE CODES</b>	These are codes not captured by the above mentioned domains/constructs	Stand Alone Codes
Disagree	This code captures instances when coders disagree with previous code application and will be discussed and reconciled as a group	Stand Alone Codes
Quote	This code captures important, outstanding or unique quotes	Stand Alone Codes
Tangent conversation	Apply this code if the conversation does not apply to the PharmFIT intervention	Stand Alone Codes
Pharmacy use	How the patient uses the pharmacy. This includes the types of medical and non-medical services the participant uses in the pharmacy and how frequently they use the pharmacy.	Stand Alone Codes
Communication & care coordination	This code captures instances where the patient describes communication among them, their pharmacist/pharmacy, and their doctor/provider. This also applies to one-on-one communication between the pharmacist and provider and descriptions of any care coordination that could happen between the pharmacy and doctor's office.	Stand Alone Codes
CRC screening experience	This code captures the patient's experience with CRC screening, such as whether they've ever had one and what type of screening.	Stand Alone Codes

Intervention design	This code captures the patient's preferences for how the PharmFIT intervention should be designed and delivered.	Stand Alone Codes
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