

Supplemental Material: Family and Staff Semi-Structured Interview Guides

Family Caregiver Background

- 1. What is your age? ____ years
- 2. What is your gender? Male Female
- 3a. What race do you consider yourself?
 - ___ White (Alone) Non-Hispanic
 - ___ White (Alone) Hispanic
 - ___ American Indian/Alaska Native (Alone)
 - ___ Asian (Alone)
 - ___ Black/African-American (Alone)
 - ___ Native Hawaiian/Other Pacific Islander (Alone)
 - ___ Some Other Race
 - ___ 2 or More Races
 - ___ Not Reported
- 3b. What is your ethnicity?
 - ___ Hispanic/Latino
 - ___ Not Hispanic/Latin
 - ___ Not Reported
- 4. What is your current marital status?

<input type="checkbox"/> Married and/or living with partner	<input type="checkbox"/> Separated
<input type="checkbox"/> Widowed	<input type="checkbox"/> Never married
<input type="checkbox"/> Divorced	
- 5. How many living children do you have? _____
- 6. How much education have you received?

___ Did not complete junior high/middle school	___ Bachelor's degree (4 year college)
___ Did not complete high school	___ Some graduate courses
___ High school degree	___ Graduate degree
___ Some college courses	Other _____
___ Associate's degree (2-year college)	

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7. What was your total household income from all sources last year?
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|--|--|
| <input type="checkbox"/> Less than \$5,000 | <input type="checkbox"/> \$25,000 - \$29,999 |
| <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$30,000 - \$39,999 |
| <input type="checkbox"/> \$10,000 - \$14,999 | <input type="checkbox"/> \$40,000 - \$59,999 |
| <input type="checkbox"/> \$15,000 - \$19,999 | <input type="checkbox"/> \$60,000 - \$79,999 |
| <input type="checkbox"/> \$20,000 - \$24,999 | <input type="checkbox"/> \$80,000 or over |

8. Can you tell me about your current work status? Are you:
- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Working at a full-time job | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Working at a part-time job | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Keeping house full-time | <input type="checkbox"/> Other _____ |

9. What is your relationship to your loved one?
- | | |
|-----------------------------------|-----------------------|
| ___ Spouse or Partner | ___ Sister or Brother |
| ___ Daughter or Son | ___ Friend |
| ___ Daughter-in-Law or Son-in-Law | Other _____ |

10. How long have you provided help or care to your relative because she/he needed it due to a health problem? _____
- 10a. Would you consider the *primary* family member responsible for the care your loved one?

11. During a typical week, how many hours do you spend taking care of your relative at home?

12. How many hours and/or minutes does it take you to travel to (name of program)?

Client Background

Next I am going to ask about your (name of client's) background.

1. What is (name of client's) gender: male female

2. What is (name of client's) birthdate? _____

3a. What race do you consider yourself?

- ___ White (Alone) Non-Hispanic
- ___ White (Alone) Hispanic
- ___ American Indian/Alaska Native (Alone)
- ___ Asian (Alone)
- ___ Black/African-American (Alone)
- ___ Native Hawaiian/Other Pacific Islander (Alone)
- ___ Some Other Race
- ___ 2 or More Races
- ___ Not Reported

3b. What is your ethnicity?

- ___ Hispanic/Latino
- ___ Not Hispanic/Latin
- ___ Not Reported

4. What is (name of client's) current marital status?

- | | |
|--|--|
| <input type="checkbox"/> Married and living with spouse | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Married but separated from spouse | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Never Married |

5. How many living children does (name of client) have? _____ children

6. How much education has (name of client) received?

- | | |
|---|---|
| <input type="checkbox"/> Did not complete junior high/middle school | <input type="checkbox"/> Bachelor's degree (4 year college) |
| <input type="checkbox"/> Did not complete high school | <input type="checkbox"/> Some graduate courses |
| <input type="checkbox"/> High school degree | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> Some college courses | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Associate's degree (2-year college) | |

7. Where does (name of client) currently live when not attending (name of program)?

ANSWER _____

8. What health conditions does (name of client) currently suffer from? _____

Semi Structured Question form

1. Let's start by talking about how you started using <name of ADS>.
 - a. Why did you start using <name of ADS>?
 - b. Tell me a little bit more about what <name of client's> situation was like before <name of client> started using <name of ADS>?
 - c. What is a typical day like for you getting <name of client> ready to go to <name of ADS>? How about <when name of client> is done at the <name of ADS> each day?
 - d. How often does <name of client> use <name of ADS>? How many hours per day? Does <name of client's> schedule change, and if so, why? Is <name of ADS>'s hours flexible enough to meet you and <name of client's> needs?
2. What are some of the activities or services you or <name of client> uses at <name of ADS>?
 - a. What are some of the favorite aspects of <name of ADS>?
 - b. What are some aspects of your <name of ADS> that you like least?
3. When you consider <name of client> and <name of ADS>, what do you think works best for clients and families?
 - a. Could you give me an example of an activity of service of <name of ADS> that is really helpful for <name of client>?
 - b. What does <name of ADS> do that helps you?
4. Alternatively, what about <name of ADS> that does not, in your opinion, work or help?
 - a. Are there certain activities that do not appear to work well for <name of client>?
 - b. What about <name of ADS> does not help you?

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4 5. Could you please give me an example or story of how <name of client> really benefited
5 from <name of ADS>?
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8 a. Why do you think <name of ADS> helped this <name of client>?
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13 6. When you think about how you use <name of ADS>, what would you like to see
14 changed? What do you think particularly well?
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16 a. Similarly, when you think about your overall situation (e.g., caring for <name of
17 client>), what do you need most? What needs remain unmet for you or <name of
18 client>?
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21 7. My main research question of interest is to determine what activities or services in ADS
22 work best for clients and their family caregivers. What do you think is the best answer to
23 my question?
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Adult Day Services Staff Background Form
Phase I: Adult Day Service Utilization and Outcomes

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9 1. What is your gender?

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11 ___Male

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14 ___Female

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16 2. What is your age? ____ years

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18 3. What race do you consider yourself?

19
20 ___White (Alone) Non-Hispanic

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22 ___White (Alone) Hispanic

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24 ___American Indian/Alaska Native (Alone)

25
26 ___Asian (Alone)

27
28 ___Black/African-American (Alone)

29
30 ___Native Hawaiian/Other Pacific Islander (Alone)

31
32 ___Some Other Race

33
34 ___2 or More Races

35
36 ___Not Reported

37 4. What is your ethnicity?

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39 ___Hispanic/Latino

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41 ___Not Hispanic/Latino _

42
43 ___Not Reported

44
45 5. What is your current marital status?

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47 ___Married and/or living with partner

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49 ___Separated

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51 ___Widowed

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54 ___Never married

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57 ___Divorced

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- 6. How much education have you received?
- ___ Did not complete junior high/middle school
- ___ Did not complete high school
- ___ High school degree/GED
- ___ Some college courses
- ___ Associate's degree (2-year college)
- ___ Vocational/Technical
- ___ Bachelor's degree (4 year college)
- ___ Some graduate courses
- ___ Graduate degree
- ___ Other _____

7. In what field is your degree?

8. What is your position at <name of adult day program>?

9. How long have you been employed at <name of adult day program>?

_____ (months) or _____ (years)

10. How many hours per week do you spend here at <name of adult day program>, on average?

_____ (hours)

11. How long does it take you to travel to work?

_____ (in minutes)

Semi Structured Question form

8. Let's start by talking about how you started at <name of ADS>.

a. Why did you start working here?

b. What did you do before you started working at <name of ADS>?

c. What is a typical day like for you?

9. What are some of your responsibilities here at <name of ADS>?.

a. What are some of the favorite aspects of your job?

b. What are some parts of your job that you like least?

10. When you consider your job and <name of ADS>, what do you think works best for clients and families?

a. Could you give me an example of an activity of service of <name of ADS> that is actually therapeutic, or rehabilitative, for clients?

b. What do you think <name of ADS> that helps families (e.g., provides relief or respite)?

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7 11. Alternatively, what about <name of ADS> that does not, in your opinion, work or
8 help?
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14 a. Are there certain activities that do not work for clients?
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20 b. What about <name of ADS> does not help families?
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27 12. Could you please give me an example or story of a client who really benefited
28 from <name of ADS>?
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33 a. Why do you think <name of ADS> helped this client?
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39 b. Were there specific activities or services that <name of ADS> provided
40 which helped this client?
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46 13. What do you find most challenging when delivering services and activities to
47 clients at <name of ADS>?
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54 14. My main research question of interest is to determine what activities or services
55 in ADS work best for clients and their family caregivers. What do you think is the
56 best answer to my question?
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