

**Appendix Text 1.** Semi-structured interview guide

**SIREN AHC Screening Tool Study: Patient Informant Interviews**

*Semi-Structured Interview Guide*

*Confirm permission to record interview:*

Before we begin, may I have your permission to record this interview?

As a reminder, you are free to ask me to turn off the recording, skip any questions, or end the interview at any time.

First, let me ask you about your experience with the survey:

HAND PARTICIPANT A PRINT OUT OF AHC 10-ITEM SCREENER:

Reference 10 questions throughout interview

1. These are the questions from the first part of the survey.  
What was it like answering these questions?
2. How were you feeling when you answered these questions?

*PROMPTS:*

Did you find them strange? Upsetting?

Did they make you feel sad, nervous, angry, happy, relieved, or no change?

Some people think that these are sensitive topics, and sometimes being asked these questions may make people feel a certain way—did that happen to you?

FOLLOW UP QUESTIONS:

2A) Were there specific questions that made you feel that way?

*(Use the words that the respondent used.)*

***IF YES:***

Which ones (and for which feeling)?

FOR EACH QUESTION THEY IDENTIFY:

What do you think that question is asking?

What made you feel [X] about that question?

IF NEGATIVE: Could the question be worded better or was it the topic that made you feel [X]?

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*X=whatever word they used to describe how they felt—eg  
uncomfortable, sad, angry, happy*

***IF NO:***

What made you feel [X] about being asked these questions?

IF NEGATIVE: Could the questions have been worded better or was it the topic that made you feel [X]?

*X=whatever word they used to describe how they felt—eg  
uncomfortable, sad, angry, happy*

2B) Are there other similar types of topics that you were not asked about, but would want to talk with a health care provider about?

*PROMPT:* for example, problems with your job?

2C) Do you think these topics are related to health?

*PROMPT:* for example, is not having enough food or not having a place to live, related to health?

***IF YES:*** How do you think they are related to health? In what ways?

***IF NO:*** Why not?

2D) Do you think your clinic (your doctors, nurses, staff at [*insert setting*]) should help patients with these kinds of needs?

*PROMPTS:* For example, should people here in the clinic or health care system help patients if they need food, housing?

***If YES:*** What would you want them to do?  
Do you think your clinic can help people with these needs?

***If NO:*** Why not?  
Do you think the health care system can help people with these needs?

***PROMPTS:***

- Do you think medical providers should know about patients' social and economic needs?
- What would **you** want medical providers to do with information about patients' social and economic needs?

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- Should they just be aware of their patients' social and economic needs?
- Should they help patients with their social and economic needs?

*If Yes, how?*

- Should they try to connect patients to resources for specific social and economic needs?
- Should they give patients information on specific social and economic needs?
- Should they use information on patients' social and economic needs to guide the kind of care they provide patients?
- Should the health care system invest money in community programs to help patients with their social and economic needs?

*If No, why not?*

Now I'd like to shift from your feelings about what you were asked to how it was asked:

3. If you were asked these types of questions at a future visit, does it matter to you who asks you the questions?

Why?

- 3A) Would it matter if these questions were asked in person, or if they were on a form that you complete on your own?

Why?

*PROMPTS:*

- i. **IN PERSON PREFERENCE:** If asked in person, who would you want to ask you these questions. For example, could it be any staff person, the person who checks you in, only your clinician (like my doctor or my nurse practitioner)? Why?
- ii. **SELF-COMPLETE PREFERENCE:** If the information were collected on a form that you fill out, when would be the best time to answer these questions (e.g. before your visit, during your visit, after your visit, or before or after you even come to the health center (e.g. by mail or online) or do you not care? Why?

Would you prefer to answer a questionnaire on paper or on a tablet/computer?

- 3B) Would you be comfortable having other people on your healthcare team see information about your social or economic needs?

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*PROMPT:* By health care team, we mean other doctors, nurses, pharmacists or staff who give you medical care.

*IF NO:* Who would you want to see your responses?

*IF YES:* Would you be comfortable having this information in your electronic health record (also known as your medical record or chart)?

*PROMPT:* for example, would you want anyone who works at [your health care clinic or this emergency department] to be able to read in your medical record that you have a social or economic need?

Now I'd like to ask where and how often you'd like to be asked these questions.

*3C) IF PARTICIPANT EXPRESSED POSITIVE/NEUTRAL FEELINGS TO FIRST PART OF QUESTION 1:*

How frequently do you think these kinds of questions should be asked?

For instance, should they be asked each time you come into [insert name of health system and setting (ED/primary care clinic)]?

Why?

*IF WOULDN'T WANT EVERY VISIT:*  
How often would you want to be asked?

*IF PARTICIPANT EXPRESSED NEGATIVE FEELINGS TO FIRST PART OF QUESTION 1:*

Assuming the questions were changed in the ways you suggested, how often do you think they should be asked?

For instance, should all of these questions be asked each time you come into [insert name of health system and setting (ED/primary care clinic)]?

Why?

*IF WOULDN'T WANT EVERY VISIT:*  
How often would you want to be asked?

3D) Are there any health care settings where you would not want to be asked these kinds of questions (e.g. emergency department, specialty clinic)?

Why?

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4. Did you want help with any of the issues on the survey, like housing, food, etc?

*If NO:* Why not?

*If YES:* What kind of help?

5. Those are all of the questions in our list. Is there anything else you would like to share about your experience answering the questions in the survey?

THANK YOU!