

## Appendix A

### Consent and Patient Interview Questions

Introductions: [names] - research coordinators here at Essentia Health from the Duluth campus.

#### A. Consent:

Your participation in this interview is entirely voluntary, and it will not affect your relationship with your clinic, primary care provider, or health insurance company. Your responses to our interview questions will be kept confidential, and at no time will your actual identity be revealed. The interview will be recorded and transcribed without any identifiers. The recording and transcription will be deleted as soon as the research is complete.

As part of this interview, we would like to know some background information about you (such as age, gender, education, race) and request we link your Wizard information to your interview responses. At the end of the interview, we will have a short form for you fill out. This form is also voluntary and you may skip any question.

Again, your participation in this interview is completely voluntary. You may refuse to participate or skip any questions during the interview. The interview will take about 10-15 minutes. Do you have any questions?

[If refused, end interview]

#### B. I'm going to turn the tape recorder on now. (Hit Record) Would you repeat that you consent to participate in this interview?

## Appendix A

1. Who gave the Priority Wizard printout to you?
2. Have you ever seen this Priority Wizard printout before your visit today?
3. What did you like or dislike about the Priority Wizard printout?
  - a. [probe] What did you like or dislike about the cancer prevention recommendations?
4. Can you tell me about anything you learned from the Wizard that you didn't already know?
5. What was the reason for your visit today?
  - a. [probe] Did this printout change the focus of your visit or conversation with your provider?
    - i. [If **No**] How do you feel about this knowing that you are overdue for a cancer screening?
    - ii. [If **Yes**] How do you feel about this?
6. Did you discuss cancer prevention at your visit?
  - a. [If **Yes**] What type(s)?
  - b. [If **No**] Did you want to discuss this at your visit?
    - i. [probe] Can you tell me why it wasn't discussed at this visit?
7. How did you feel about discussing cancer prevention [or vaccination] with your provider at this visit?
  - a. [probe] Was there anything about the Wizard that concerned or upset you?
    - i. [If 7.a is **Yes**] Can you tell me more about that?
  - b. [probe] Did it bring about any emotions?
    - i. [If 7.b is **Yes**] Can you describe them?
8. Did you and your provider make a choice about a scheduling a cancer screening [or vaccination] to prevent cancer?
  - a. [If 8 is **Yes**] Did you use the printout to make a choice?
    - i. [If 8.a is **Yes**]: Can you tell me how it was used?
  - b. [If 8 is **No**] Can you talk about why you didn't make a choice about cancer screening [or vaccination]?
9. Prior to your appointment today, did you realize you were overdue for a cancer screening?
10. Did you receive any additional handouts to help you make a choice about cancer screening and prevention?
  - a. [If 10 is **No**]. Thank you. Those are all the questions I have. Would you like to tell me about anything I didn't ask about?
  - b. [If 10 is **Yes**]
    - i. What were your impressions of those other handouts?
    - ii. What role did the handouts play in your choices about cancer prevention and screening?
    - iii. Thank you. Those are all the questions I have. Would you like to tell me about anything I didn't ask about?
11. And finally, here is a form for you to fill out that will provide us some background information about you. (Hand form and pen to participant)

C. Thank you and here is a \$20 gift card for your participation. Do you have any final questions?