**Supplementary Material: Patient interview script\***

Record ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient location:

[ ] Ronald Reagan UCLA

[ ] Santa Monica UCLA

Study Status:

[ ] Interviewed

[ ] Refused

[ ] Not approached for interview due to time constraints of volunteer

[ ] Patient not available/busy

[ ] Excluded due to:

[ ] Admitted to the intensive care (or cardiac intensive care) unit

[ ] Planned readmission (ie. planned surgery, chemotherapy)

[ ] Organ transplant in the last 3 months

[ ] Physical/mental incapacity preventing interview and no family member or caregiver available to interview

[ ] Does not speak English

Date of survey: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of attempts made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Questionnaire respondent:

[ ] Patient

[ ] Caregiver/Family

Survey Start time: \_\_\_\_\_\_

 **-** *START OF INTERVIEW***-**

“Our records indicate you were recently admitted to the hospital from \_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ (*insert dates of previous hospitalization before interview*). And then you came back to the hospital \_\_\_\_ (*yesterday, today, etc*). Does that sound correct to you? “

Date of index admission (*Fill in before interview)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of index discharge (*Fill in before interview)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of readmission (*Fill in before interview)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time between readmission and start of interview (hours): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. “Can you tell me why you were admitted to the hospital, the first time on \_\_\_\_ (*insert date of index admission*)*?” (Free text exactly what patient states)*
	1. *If the patient does not volunteer this information, ask: “*What symptoms were you having?” *“*Do you know what your main diagnosis was?”
2. “When you were discharged from hospital did you feel you were ready or not ready to leave?”

[ ] Ready

[ ] Not ready

1. “Did you feel your symptoms were resolved enough that you could leave the hospital?”

[ ] Yes

[ ] No

1. “Did you feel your pain was under control when you left the hospital?”

[ ] Yes

[ ] No

1. “When you were discharged, did you go back to live at your home?”

[ ] Yes

* 1. *If yes,* “Did you have someone there who was able to help you?” [ ] Yes [ ] No
	2. *If yes,* “Did you have concerns about being able to take of yourself at home or not being strong enough to go home?” [ ] Yes [ ] No

[ ] No

* 1. *If No,* “Where did you get discharged to?”

[ ] Skilled Nursing Facility (SNF)

[ ] Acute rehab center

[ ] Assisted living facility

[ ] Living with friends/family

[ ] Other. Please specify: \_\_\_\_\_\_\_\_\_\_\_

* 1. *If No,* “Did you feel that the facility could adequately care for your medical condition(s)?”

[ ] Yes [ ] No

1. “What happened to bring you back to the hospital this time?”

*(Free text exactly what patient states)*

1. *If the patient does not volunteer this information, ask: “*What symptoms were you having?” *“*Do you know what your main diagnosis was?”
2. “In your opinion, do you think anything could have been done to prevent you from coming back to the hospital this time?”

[ ] Yes

* 1. *If yes*, “What do you think could have prevented this?”

[ ] No

1. “On a scale of 1-10, how much of a burden was it for you to come back to the hospital? Use number 1 if it was no burden at all and 10 if it was the most burdensome thing you can imagine.” \_\_\_\_\_\_\_\_\_\_
2. “On a scale of 1 to 10, how much of a good thing or relief was it for you to come back to the hospital?  Use number 1 if it was not a good thing or relief at all and 10 if it was as much of a relief as you can imagine.” \_\_\_\_\_\_\_\_\_\_
3. “When you left the hospital last time, did you feel you had all of the information you needed about your discharge?”

[ ] Yes

[ ] No

* 1. *If no,* “What was missing?”
1. “Before you left the hospital do you remember the \_\_\_\_\_\_\_\_\_\_\_ (*read through options A-C one at a time)* talking to you about your discharge?”
2. Physicians [ ] Yes [ ] No
3. Nurses [ ] Yes [ ] No
4. Case Manager [ ] Yes [ ] No
5. *None of the above* [ ]
6. “Do you remember someone reviewing the medications that you were going to take at home?”

 [ ] Yes

 [ ] No

1. “Were you able to obtain all of your medications after you were discharged?”

[ ] Yes

[ ] No

1. “Did you understand how you were supposed to take all your medications (including the medications you were previously taking at home)?”

[ ] Yes

[ ] No

1. “Do you remember the discharge paperwork you were given before you left the hospital last time?”

[ ] Yes

1. *If yes* “Could you clearly identify your list of medications on the discharge paperwork?”

[ ] Yes [ ] No [ ] Don’t know

1. *If yes* “Could you clearly identify your list of follow-up appointments on the discharge paperwork?” [ ] Yes [ ] No [ ] Don’t know
2. *If yes* “Could you clearly identify symptoms to look out for or warning symptoms that your condition is getting worse on the discharge paperwork?” [ ] Yes [ ] No [ ] Don’t know
3. *If yes* “Could you clearly identify a phone number of someone to call if your symptoms were getting worse on the discharge paperwork?” [ ] Yes [ ] No [ ] Don’t know
4. *If yes* “What changes would you make to the discharge paperwork?”

[ ] Yes, but I did not look at the paperwork

[ ] No

1. “Did your medical team give you a contact number to call in case something went wrong at home?”

 [ ] Yes

*If yes, “*Would you feel comfortable calling that number at any time of the day if you felt worse?” [ ] Yes [ ] No

*If yes,* “Did you contact a doctor before you came back to the hospital?” [ ] Yes [ ] No

[ ] No

 [ ] Don’t know

1. “Do you have a main doctor that you feel comfortable calling if you start to feel worse at home?”

[ ] Yes

 [ ] No

1. “Do you know of any other options to get urgent, same-day medical care besides the emergency room?”

[ ] Yes

*If yes, “*Were you able to try any of these options before coming to the emergency room?” “Why or why not?”

[ ] No

“Now I want to ask you about your follow-up appointments”

1. “Did you have a follow-up appointment scheduledbefore you left the hospital?”

[ ] Yes

[ ] No

*If no,* “Were you called after your discharge with a follow-up appointment time?”

[ ] Yes

*If yes,*  “Would you have preferred this appointment time to be scheduled before you left the hospital?” [ ]Yes [ ] No

[ ] No

1. “Did you make it to any appointments between when you were discharged and readmitted?”

[ ] Yes

*If yes*, “Who did you see? “

[ ] General Medicine doctor

[ ] Specialist

[ ] Both

[ ] No

1. “On a scale of 1-10, can you rate your overall satisfaction with your medical careat UCLA?” \_\_\_\_\_

Survey End Time: \_\_\_\_\_\_\_