| UGANDA HEART INSTITUTE - RESEARCH STUDIES | |
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| **Study Title:** | Accelerating Delivery of rheUmatic heart disease preventive iNterventions in Uganda (ADUNU) |
| **Funding:** | National Institutes of Health |
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## APPENDIX A.2: Interview Guide for Patients

RHD is the most common form of acquired heart disease in people between the ages of 5 and 39 living in Uganda. It is estimated that between 1-2% of all Ugandans in this age range are currently living with RHD, though few are diagnosed. RHD exerts a high toll in this age group with substantial morbidity and mortality and trickle-down effects of reduced productivity for individuals, families, and communities.

We are implementing ADUNU program in your district. **ADUNU** (Accelerating Delivery of rheUmatic heart disease preventive iNterventions in Uganda) is a package of interventions built around evidence-based practice for rheumatic heart disease (RHD) designed to be delivered within the public healthcare system in Uganda by local District Health Offices (DHOs) under the guidance of the Uganda Heart Institute (UHI), the Ministry of Health (MOH)-owned tertiary facility charged with preventing and caring for cardiovascular diseases in Uganda.

We are inviting you to participate in an interview where we will be asking you questions in regarding how this program is being implemented in your district, and your experience receiving care through it.

**Interview #:**
**Date:**
**Location:**

**(RHD Care)**

Q1: As part of a study, we have assigned routine RHD visits from the central hospital in [city] to a health center in [district name]. Could you please share what your experience has been like receiving RHD care after this change?

Q2. If you had the choice, would you prefer to receive your future BPG injections at the referral hospital or continue receiving them at the health center in your district?

Q3: Follow up - What causes the [hospital/health center] to be your preference?

Q4: What features of your current care are most important to you?

Q5: Follow up: how has this changed (if at all) since before your care was moved to your local health center III?

Q6: Are there features of your current care that you would like to see change? [If yes] What are these?

**(Acceptability of Decentralization)**

Q7: Has receiving your BPG injections at the local health center been more convenient or less convenient for you?

Q8: Follow up – what aspects have been more convenient?

Q9: Follow up – what aspects have been less convenient?

Q10: What aspects of your care have been improved by receiving it at the health center in your district?

Q11: What concerns do you have about continuing to receive your care at the local health center in your district?

**(Communication)**

Q12: Could you share your ideal provider-to-patient communication to help support your adherence to secondary prophylaxis?

Q13: Follow-up – How often and in what form would communication occur?

Q14: Can you share the type and number of phones you personally use; how many phones are in your primary household? What issues do you have with keeping these devices active and how often do they occur?

Q15: Do you think your responses to these questions are pretty typical for someone with rheumatic heart disease in your district? If not, how might your experience or your preferences be different from others'?