

## **Additional File 7.**

**Patient Interview Schedule:** Introduction: You have been involved in goal setting with the Area Rehabilitation Team\*. We want to find out what you thought of the goal setting process and if it helped during your rehabilitation.

Areas to be covered include:

### **1. Experience of G-AP**

Patients will be asked to express their views on each stage in the G-AP process and to ground their answers in goals they had worked on. This will include their views on the utility and acceptability of the G-AP process overall and on each component of G-AP, specifically: (Note: Adjust the interview schedule to use language that the patient understand and/or prefer e.g. targets/aims instead of goals.)

- a) Goal Negotiation: *Can you talk me through how you identified the areas or problems you wanted to work on?*
- b) Goal Setting: *How easy did you find it to come up with goals?*
- c) Action Planning and Coping Planning: *How easy did you find it to come up with action plans?; Did your therapist use a scale to find out how confident you were at carrying out your action plan?; Did your plan translate into something you were actually able to do?; Did you think of things that might get in the way of carrying out you action plan?*
- d) Appraisal and Feedback: *How easy was it to reflect on what you'd done, and how that tied in with your goal?*

### **2. Benefits of G-AP**

Did the patient experience any benefits associated with their participation in G-AP? If necessary the patient should be asked about the following:

- a) The benefits of participating in the G-AP process itself: *Did it help you manage your rehabilitation?*
- b) The benefits to their health, in terms of the level of impairment, activity limitations and participation restrictions: *Do you think the G-AP process helped your ability to do the things that are important to you?*
- c) What, in their opinion, would improve the benefits they experienced as a result of participating in G-AP: *What, in your opinion, would improve the benefits you experienced from participating in the G-AP process?*

### **3. Problems associated with G-AP**

Did the patient experience any problems associated with their participation in G-AP? If necessary the patient should be asked about the following:

- a) Problems associated with their participation in G-AP: *Did you have any problems from using the G-AP?*
- b) Any negative consequences on their health, in terms of the level of impairment, activity limitations and participation restrictions?: *Did the taking part in the G-AP process have any negatively effect on you?; Which aspects of G-AP could be changed to reduce or eliminate these problems?*

### **4. Additional questions**

- a) How much help or support did you need from the Area Rehab Health professional to go through the whole process?
- b) Would you be able to go through the process yourself now, to set your own goals?
- c) How many therapists were involved with you?
- d) Did they all goal set with you?
- e) How useful did you find the patient folder and paperwork?
- f) Was it helpful for others working with you from out-with the Area Rehabilitation Team?

\* Now known as ReACH Team