



Interview package for participating fathers

Dear participant, please take a moment to fill out the following information about you and your family. We are collecting this information for descriptive purposes, as well as to better understand your responses. Providing this information is voluntary.

<p>Age</p>	<p>_____ years old</p>
<p>Race/ethnicity</p>	<p> <input type="checkbox"/>Caucasian <input type="checkbox"/>Black/African <input type="checkbox"/>Asian <input type="checkbox"/>Native <input type="checkbox"/>Hispanic/Latino <input type="checkbox"/>Other: _____ </p>
<p>Relation to the child</p>	<p> <input type="checkbox"/>Biological <input type="checkbox"/>Foster <input type="checkbox"/>Step <input type="checkbox"/>Male legal guardian </p>
<p>Marital status **more than one option might apply</p>	<p> <input type="checkbox"/>Married <input type="checkbox"/>Single <input type="checkbox"/>Divorced <input type="checkbox"/>Blended family (e.g. remarried) <input type="checkbox"/>Widowed <input type="checkbox"/>Same-sex couple </p>
<p>Education level</p>	<p>_____</p>
<p>Employment: occupation & status</p>	<p> Occupation: _____ <input type="checkbox"/>Full-time <input type="checkbox"/>Part-time <input type="checkbox"/>Unemployed <input type="checkbox"/>Retired <input type="checkbox"/>On disability </p>
<p>Child(ren) history</p>	<p> Number of children: Number of children with disability: Age rank of child(ren) with disability (e.g. 1st, 2nd, 3rd child): Age of child(ren) with disability: Condition (if known) of child(ren) with disability: Time of diagnosis (mm/year): </p>



We are interested in hearing about your participation and your experiences of interacting and communicating with health-care providers (HCPs) when accompanying your child to and from health-care services. HCPs are certified professionals working in the field of health-care and include: physicians (e.g. pediatrician, neurologist, psychiatrist), rehabilitation specialists (speech language pathologist, occupational/physical therapists), psychologists, special educators, nutritionists, nurses, social workers, etc. For each statement, please select the description that fits you best. Space under each statement is made available to you for other information you want us to know (optional).

	Not at all- Never	Slightly- Sometimes	Moderately- Often	Very much- All the time
The following statements are about your involvement in: arranging and accompanying your child to and from health-care services; taking part in your child’s recommended therapies; and advocacy practices for your child.				
I am involved in setting up/arranging/organizing health-care services for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am involved in taking my child to his/her health-care services appointment(s) and/or emergency visit(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am present (with my spouse/partner, if applicable) when my child is receiving health-care services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I advocate for my child’s health-services (e.g. I am asking for/about health services for my child, I am reaching out to health professionals about my child, I am following-up with health professionals about my child).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am taking part in applying treatment recommendations that my child receives (e.g. giving medication, providing play/respiratory/stretching/speech/behavioral therapy exercises).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



The following statements are about your satisfaction with the interactions/communications you have with the HCPs when accompanying your child to and from health-care services.

	Not at all- Never	Slightly- Sometimes	Moderately- Often	Very much- All the time
Overall, I am satisfied with the interactions/communication I had with HCPs in the past.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCPs are generally attentive to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel generally comfortable with the HCPs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel generally understood by the HCPs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel generally supported by HCPs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that generally I formed and continue to have good relationships with the HCPs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had positive/good experiences/helpful interactions with HCPs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had negative/bad experiences/not helpful interactions with HCPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Sample interview questions

Father study ID number	
Province of residence	<input type="checkbox"/> QC <input type="checkbox"/> BC
Date of interview (dd/mm/yy):	
Interview start time:	
Interview end time:	
Duration of interview:	

During the audio-recorded interview, the interviewer will be asking you the following questions. This is just a guide for the interviewer, and additional questions might be asked for clarification. You can take time before the interview to think about your answers. Text boxes are provided as an option to draft your responses.

- 1) Can you describe, in general terms, your experiences of interacting with HCPs:**
 - a. What types of interactions have been helpful (positive experiences) and why?**

- b. What types of interactions have been less helpful or not helpful at all (negative/bad experiences) and why?**



2) How do you think these interactions influence your daily life?

Helpful/positive experiences

Less helpful/not helpful at all/bad experiences

3) How do these interactions influence how you communicate or relate with other HCPs?

Helpful/positive experiences

Less helpful/not helpful at all/bad experiences

4) How do those experiences influence your interactions with your child?



Helpful/positive experiences

Less helpful/not helpful at all/bad experiences

5) How those experiences influence your interactions and your relationships with other family members?

Helpful/positive experiences

Less helpful/not helpful at all/bad experiences

6) Based on your experiences, and the experiences of other fathers you might know, what types of obstacles or difficulties do you think fathers face in relation to their experiences with their child's HCPs? Probes: work, pediatric healthcare environment, relationships.

7) Based on your experiences, and the experiences of other fathers you might know, what facilitates fathers' experiences in communicating interactions with their child's HCPs? Probes: knowledge about child's



development/condition/health-care services, environment, technology, present members during communications, frequency/duration of contact, HCPs' characteristics.

8) Based on your experiences, and the experiences of other fathers you might know, what would you like to tell health care providers about working with fathers of children with disabilities?



9) Based on your experiences, and the experiences of other fathers you might know, what should people involved in developing programs and services for families know about working with fathers of children with disabilities?

10) Summary/closing remarks/check for saturation of ideas.