A4. Semi-Structured Interview Questions

**Group 1: patients who declined WRIST/ ineligible patients**

**Background**

I want to talk with you about your experiences involving your wrist fracture. Let’s start with some general background on the fracture.

1. Please tell me about when you fractured your wrist.
   a. What were you doing when the injury happened?
2. If you can remember, what went through your mind when you first experienced the fracture?
   a. What type of injury did you think you had? (Did you know that you had fractured your wrist?)
3. Please explain any other type of fractures you’ve had before this one.
4. What did you know about distal radius (wrist) fractures before your injury?
   a. Where did you learn this information?
5. What type of research, if any, did you do on DRFs or DRF treatment before your appt with hand surgery?
   a. What resources did you use to seek information about treatment or recovery?

**Decision Making Process**

1. Please describe your initial medical encounter?
   a. (If ED) What about your initial encounter with hand surgery?

Next, I’d like to ask you some questions about when you first came to the hand surgery clinic and saw Dr. [X].

1. Who came with you to your appointment?
2. Did you already have a specific treatment method in mind?
   a. If yes, which one(s)?
3. What do you remember [Dr. X] telling you about the available treatment methods?
   a. What information did you find helpful?
4. What was important to you when considering treatment options?
5. Tell me about who else was involved in your decision making process.
   a. Did you talk about your treatment choice/choices with [companion]?
   b. Did you talk to anyone else before or during your appt?
6. How did you value the recommendations of your healthcare providers when deciding on a treatment?
7. Which treatment method did you ultimately choose?
a. What lead you to [OR] deterred you from surgery?
8. Please describe the difficulty of your decision.
9. What did you hope to gain from your treatment/surgery?
10. How much input did you personally have when deciding on a treatment plan?
11. How satisfied are you with the amount of personal input you had?
   a. [If not satisfied] What role would you have preferred?
12. What do you remember about the WRIST trial?
   a. How do you feel about being involved in research studies in general?

**Treatment Outcomes**

Now I’m going to ask you about the results of your treatment.

1. Please describe the outcomes of your treatment.
2. What types of things were you expecting during your treatment process?
   a. How did the actual outcomes match with the expected outcomes?
3. What effect, if any, has your fracture had on your daily living? Was this expected?
4. Please describe your experiences with therapy.

**Wrap-Up**

1. Overall, how satisfied were you with the [cast/pinning/plate/external fixator]?
   a. How do you feel about the general care you received?
2. Knowing everything you do now, what advice would you give yourself/someone else immediately after fracturing your wrist?
3. If you could go back in time, would you pick the same treatment? Please explain.
4. Anything else that you would like to add?

**Thank you for your time!**
Group 2: patients who agreed to participate in WRIST

Background

I want to talk with you about your experiences involving your wrist fracture. Let’s start with some general background on the fracture.

1. Please tell me about when you fractured your wrist.
   a. What were you doing when the injury happened?
2. If you can remember, what went through your mind when you first experienced the fracture?
   a. What type of injury did you think you had? (Did you know that you had fractured your wrist?)
3. Please explain any other type of fractures you’ve had before this one.
   a. Any other hand health issues?
4. What did you know about distal radius (wrist) fractures before your injury?
   a. Where did you learn this information?
5. What type of research, if any, did you do on DRFs or DRF treatment before your appt with hand surgery?
   a. What resources did you use to seek information about treatment or recovery?

Decision Making Process

1. Please describe your initial medical encounter?
   a. (If ED) What about your initial encounter with hand surgery?

Next, I’d like to ask you some questions about when you first came to the hand surgery clinic and saw Dr. [X].

1. Who came with you to your appointment?
2. What do you remember [Dr. X] telling you about the available treatment methods?
   a. What information did you find helpful?
3. Tell me about your experiences in the WRIST study.
   a. What made you decide to participate?
      i. How do you feel about being involved in research studies in general?
   b. What was most memorable about your encounters with Dr. X?
4. How did you value the recommendations of your healthcare providers while receiving treatment?
5. What was most important to you during the treatment process?
6. What are your general opinions on surgery?
7. What did you hope to gain from your treatment/surgery?
8. If you had not been in the study, what type of role would you have wanted when deciding on a treatment method?
   a. How satisfied were you with the role you had as a participant in the study?
9. What do you wish, if anything, would have been different about the trial or your decision to participate?
10. In general, how do you value the opinions of your health care providers?

Treatment Outcomes

Now I’m going to ask you about the results of your treatment.

5. Please describe the outcomes of your treatment.
6. What types of things were you expecting during your treatment process?
   a. How did the actual outcomes match with the expected outcomes?
7. What effect, if any, has your fracture had on your daily living? Was this expected?
8. Please describe your experiences with therapy.

Wrap-Up

1. Overall, how satisfied are you satisfied with the treatment type you received?
   a. How do you feel about the general care you received?
2. Knowing everything you do now, what advice would you give yourself/someone else immediately after fracturing your wrist?
3. If you could go back in time, would you want the same treatment? Please explain.
4. Anything else that you would like to add?

Thank you for your time!