

Supplemental File S5. Background and Demographic information for interviews

Variable name	Questions	Response options	Interview (A, S, P, F)
Demographics			
Age	What is your age (in years)?	<ul style="list-style-type: none"> • <i>[insert number in years]</i> 	A, S, P, F
Race	How would you best describe your race?	<ul style="list-style-type: none"> • American Indian or Native American • Asian • Black or African American • Native Hawaiian or Other Pacific Islander • White • Multiracial • Other <i>[insert open text box]</i> • Prefer not to say 	A, S, P, F
Ethnicity	Would you describe yourself as Hispanic or Latino?	<ul style="list-style-type: none"> • Hispanic or Latino • Not Hispanic or Latino • Prefer not to say 	A, S, P, F
Gender	How would you describe your gender?	<ul style="list-style-type: none"> • Female • Male • Transgender woman • Transgender man • Non-binary • Other <i>[insert open text box]</i> • Prefer not to say 	A, S, P, F
Education	What is the highest degree or level of school you have completed?	<ul style="list-style-type: none"> • Less than high school • High school graduate, diploma or the equivalent (for example: GED) • Trade/technical/ vocational training • Associate degree • Bachelor's degree • Master's degree • Doctorate degree • Other <i>[insert open text box]</i> • Prefer not to say 	A, S, P, F
Marital status	How would you describe your marital status?	<ul style="list-style-type: none"> • Married • Living with a partner • Separated 	P, F

		<ul style="list-style-type: none"> • Divorced • Widowed • Never married • Prefer not to say 	
Relationship to Patient	What is your relationship to <i>[name of Patient]</i> ?	<ul style="list-style-type: none"> • Spouse • Parent • Child • Other family • Friend • Other <i>[insert open text box]</i> • Prefer not to say 	F
Shared Residence	Before they were hospitalized, did you and the <i>[name of Patient]</i> live in the same home?	<ul style="list-style-type: none"> • Yes • No • <i>[If no]:</i> Did you live nearby? <ul style="list-style-type: none"> ○ Less than 1 hour away ○ Between 1 hour and 3 hours away ○ More than 3 hours away ○ Unsure ○ Prefer not to say 	F
Household makeup	How many people lived in your home, including yourself, at the time <i>[you/they]</i> were hospitalized?	<ul style="list-style-type: none"> • <i>[insert number]</i> • Prefer not to say 	P, F
Zip code	What was your ZIP code at the time <i>[you/they]</i> were hospitalized?	<ul style="list-style-type: none"> • <i>[insert number]</i> • Prefer not to say 	P, F
Qualifying hospitalization and healthcare utilization			
Reason for Hospitalization	Can you tell me why <i>[you were/ [name of Patient] was]</i> hospitalized?	<ul style="list-style-type: none"> • <i>[insert text]</i> 	P, F
Place of Hospitalization	Where were <i>[you/they]</i> hospitalized?	<ul style="list-style-type: none"> • <i>[insert text]</i> 	P, F
Length of Hospitalization	For how many days were <i>[you/they]</i> in the hospital?	<ul style="list-style-type: none"> • <i>[insert number]</i> 	P, F
Health insurance	What kinds of health insurance or health care coverage <i>[do</i>	<ul style="list-style-type: none"> • Private health insurance • Medicare 	P, F

	<i>you/does [name of Patient]] have?</i>	<ul style="list-style-type: none"> • Medicare Advantage • Medicare supplement • Medicaid • Military related health care including TRICARE, CHAMPUS, VA health care and CHAMP-VA • Indian Health Service • A state-sponsored health plan • Other government program • Other [insert open text box] • No insurance • Prefer not to say 	
Confirmation of SNF/HHA Care	Can I confirm that <i>[you/ [name of Patient]]</i> received care from [name of SNF/HHA] after a recent hospitalization?	• <i>[insert text]</i>	P, F
Length of SNF/HHA Care	About how long <i>[were [you/they] at [name of SNF]/ did [you/they] receive home care from [name of HHA]]?</i>	• <i>[insert number]</i>	P, F
Prior Use of SNF/HHA Services	Have <i>[you/they]</i> been admitted to a rehabilitation facility like [name of SNF] before?/ Was this <i>[your/their]</i> first time using home health services?	<ul style="list-style-type: none"> • Yes • No 	P, F
Employment			
Job role	What is your position or official job title at your organization?	• <i>[insert text]</i>	A
Job role	Can I confirm that you are the/a _____ [position in the facility/organization]?	• <i>[insert text]</i>	S
Time at organization	How long have you worked at your organization, in years and months?	• <i>[insert number]</i>	A
Time at organization	How long have you been working for [name of organization]?	• <i>[insert number]</i>	S
Prior position	If employment with organization is less than 2 years, did you hold a similar position at another organization?	<ul style="list-style-type: none"> • Yes • No 	A, S
Time in Healthcare	How long have you worked in healthcare?	• <i>[insert number]</i>	S

Hours worked	How many hours a week do you work?	<ul style="list-style-type: none"> • <i>[insert number]</i> 	A, S
Employment status	[In response to hours worked a week] is this considered full time or something else?	<ul style="list-style-type: none"> • Full time • Part-time • Casual • Other 	A, S

Note: Interview type includes A= Administrator, S= frontline staff of the HHA or SNF, P= SNF or HHA patient, F= family caregiver of the SNF or HHA patient