

Supplementary File 3

*Interview Schedule*

**Log Book**

**Completed by: RA/clinical staff (please circle)**

**Date :** \_\_\_\_\_ **Patient ID** \_\_\_\_\_ **RA/staff member name** \_\_\_\_\_

**AHR setting**

**Stimulus level at entry:** ☐low ☐medium ☐high (default level)

Reason for choosing level other than default: .....

.....

.....

**Changes in stimulus level during the stay in the room** - describe and explain: .....

.....

.....

**Clock position:** ☐ left screen ☐ right screen

Reason: .....

**Clock format:** ☐analog ☐ digital

Reason:.....

**Nature view theme:** ☐water ☐ land

Reason:.....

.....

**Did patient have a TV in the room** Y/N (please circle).

**Was patient mostly in the room during light boost (10:00-12:00)? Explain** .....

.....

**Was patient withdrawn?** Y/N (please circle)

**Reason/s:** .....

.....

**Comments (i.e., did the patient complain, turn off screen or light, anything out of the ordinary):**

.....

.....

.....

## User Experience Interview

Date.....patient ID .....RA.....

### Introduction

For the evaluation of your experience in this private room, I will ask you questions regarding your impression of the room, your feelings and thoughts about the room and how it affected you (if at all), as well as some open ended questions to understand what you like or dislike about the room and how you think it might be improved.

In some of the questions I will ask you to choose a number on a scale from 1 to 7 that best represents your feelings/thoughts. The numbers represent a gradation between pairs of contrasting attributes.

For example:

|            | 1                     | 2                                | 3                     | 4                     | 5                     | 6                     | 7                     |              |
|------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------|
| attractive | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | unattractive |

This response would mean that you rate the room as more attractive than unattractive.

You will notice that the attributes are placed in a way that 1 is not always the best and 7 is not always the worst (like in this example).

For example:

|            | 1                     | 2                                | 3                     | 4                     | 5                     | 6                     | 7                     |          |
|------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
| unpleasant | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | pleasant |

This response would mean that you rate the room as more unpleasant than pleasant.

Please decide spontaneously. Do not think too long about your decision to make sure that you convey your original impression.

Sometimes you may not be completely sure about your agreement with a particular attribute or you may find that the attribute does not apply completely to the room. Nevertheless, please choose a number for every question. Please remember there are no wrong or right answers.

In the open ended questions - we want to capture your thoughts, whatever they may be. Again - there are no wrong or right answers.

The interview will take between 15-20 minutes. You may ask for a break at any time. Please feel free to ask me to repeat or clarify any of the questions. You can say “pass” if you do not want to answer any of the questions. This will not affect any of your medical treatment and/or residential status at the hospital.

## User Experience Interview

Date.....patient ID .....RA.....

| <b>Section 1</b> - The following questions are concerned with your <b>impression of your stay</b> in this room. |                       |                       |                       |                       |                       |                       |                       |                |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------|
|   | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |                |
| 1. My overall <b>experience</b> of staying in this room was   |                       |                       |                       |                       |                       |                       |                       |                |
| Excellent   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Poor           |
| 2. My <b>privacy</b> in this room was   |                       |                       |                       |                       |                       |                       |                       |                |
| Satisfactory  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Unsatisfactory |
| 3. The <b>lighting</b> in this room was   |                       |                       |                       |                       |                       |                       |                       |                |
| Satisfactory  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Unsatisfactory |
| 4. The <b>noise level</b> in this room was  |                       |                       |                       |                       |                       |                       |                       |                |
| Satisfactory  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Unsatisfactory |
| 5. My <b>sleep</b> in this room was   |                       |                       |                       |                       |                       |                       |                       |                |
| Satisfactory  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Unsatisfactory |
| 6. <b>Waking up</b> in this room was  |                       |                       |                       |                       |                       |                       |                       |                |
| Satisfactory  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Unsatisfactory |
| 7. <b>Falling asleep</b> last night was   |                       |                       |                       |                       |                       |                       |                       |                |
| Satisfactory  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Unsatisfactory |
| 8. Recognizing <b>the time of the day</b> was:  |                       |                       |                       |                       |                       |                       |                       |                |
| Easy  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Difficult      |

## User Experience Interview

Date.....patient ID .....RA.....

**Section 2** - Please indicate **how much you agree or disagree** with each of the following statements. Please refer to your feelings at this present moment.

|                               | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |                   |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------|
| <b>9. I feel stressed</b>     |                       |                       |                       |                       |                       |                       |                       |                   |
| Strongly agree                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly disagree |
| <b>10. I feel irritable</b>   |                       |                       |                       |                       |                       |                       |                       |                   |
| Strongly agree                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly disagree |
| <b>11. I feel aroused</b>     |                       |                       |                       |                       |                       |                       |                       |                   |
| Strongly agree                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly disagree |
| <b>12. I feel anxious</b>     |                       |                       |                       |                       |                       |                       |                       |                   |
| Strongly agree                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly disagree |
| <b>13. I am in pain</b>       |                       |                       |                       |                       |                       |                       |                       |                   |
| Strongly agree                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly disagree |
| <b>14. I feel happy</b>       |                       |                       |                       |                       |                       |                       |                       |                   |
| Strongly agree                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly disagree |
| <b>15. I feel angry</b>       |                       |                       |                       |                       |                       |                       |                       |                   |
| Strongly agree                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly disagree |
| <b>16. I feel calm</b>        |                       |                       |                       |                       |                       |                       |                       |                   |
| Strongly agree                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly disagree |
| <b>17. My mood is good</b>    |                       |                       |                       |                       |                       |                       |                       |                   |
| Strongly agree                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly disagree |
| <b>18. I feel fear</b>        |                       |                       |                       |                       |                       |                       |                       |                   |
| Strongly agree                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly disagree |
| <b>19. I feel fatigued</b>    |                       |                       |                       |                       |                       |                       |                       |                   |
| Strongly agree                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly disagree |
| <b>20. I feel comfortable</b> |                       |                       |                       |                       |                       |                       |                       |                   |
| Strongly agree                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly disagree |

**User Experience Interview**

Date.....patient ID .....RA.....

**Section 3 - What is your impression of the design of this room?**

|                          | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |                            |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|
| 21. Annoying             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Enjoyable                  |
| 22. Creative             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Dull                       |
| 23. Valuable             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Inferior                   |
| 24. Boring               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Exciting                   |
| 25. Not interesting      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Interesting                |
| 26. Inventive            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Conventional               |
| 27. Obstructive          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Supportive(to my recovery) |
| 28. Good                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Bad                        |
| 29. Unlikable            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pleasing                   |
| 30. Usual                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Leading edge               |
| 31. Unpleasant           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pleasant                   |
| 32. Motivating           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Demotivating               |
| 33. Exceeds expectations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Does not meet expectations |
| 34. Attractive           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Unattractive               |
| 35. Friendly             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Unfriendly                 |
| 36. Conservative         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Innovative                 |
| 37. Colorfull            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Drab (gray, somber)        |
| 38. Large                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Small                      |
| 39. Relaxed              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tense                      |
| 40. Comfortable          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Uncomfortable              |
| 41. Cheerful             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Depressing                 |
| 42. Bright               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Dull                       |

## User Experience Interview

Date.....patient ID .....RA.....

| Section 4 - What is your impression of the <b>specific features</b> of the Adaptive Healing Room (AHR)? |                       |                       |                       |                       |                       |                       |                       |                   |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------|
|   | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |                   |
| 43. The <b>skylight</b> gave me an impression of real day light   |                       |                       |                       |                       |                       |                       |                       |                   |
| Strongly agree  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly disagree |
| 44. The <b>nature view</b> on the wall affected my <b>mood</b> in a positive way                        |                       |                       |                       |                       |                       |                       |                       |                   |
| Strongly agree  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly disagree |
| 45. The <b>orientation screen</b> helped me recognize the date and time of day                          |                       |                       |                       |                       |                       |                       |                       |                   |
| Strongly agree  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly disagree |
| 46. The AHR can potentially <b>help me recover faster</b> compared to a regular patient room            |                       |                       |                       |                       |                       |                       |                       |                   |
| Strongly agree  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly disagree |
| 47. How likely is it that you would <b>recommend</b> this healing room to friends and family?           |                       |                       |                       |                       |                       |                       |                       |                   |
| Definitely not  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Definitely        |

### Section 5 - Open ended questions:

Use of the room:

|   |
|---|
| <p>48. Did you use the remote control? Yes/no.<br/>Describe (e.g., what for? how often?)<br/>Did you find it easy/hard to use?</p>              |
| <p>49. Did you use the music cable? yes/no.<br/>Describe (e.g., what for? how often?).<br/>Did you find it easy/hard to use?</p>                |
| <p>50. Did you ask the staff to change the settings in the room? (nature view theme, light intensity, clock). Yes/no.<br/>Describe/explain.</p> |

## User Experience Interview

Date.....patient ID .....RA.....

51. What is **the best aspect** of this room?

*You can give as much information as you want; we are interested even in the smallest detail.*

52. What is **the worst aspect** of this room?

*You can give as much information as you want; we are interested in even in the smallest detail.*

User Experience Interview

Date.....patient ID .....RA.....

53. Which **improvements** would you like to see?

54. Do you have any **questions or comments**?