

**Development of an intervention to increase adherence to nebuliser treatment in adults with Cystic Fibrosis: CFHealthHub**

ARDEN, Madelynne <<http://orcid.org/0000-0002-6199-717X>>, HUTCHINGS, Marlene, WHELAN, Pauline, DRABBLE, Sarah, BEEVER, Daniel, BRADLEY, Judy, HIND, Daniel, AINSWORTH, John, MAGUIRE, Chin, CANTRILL, Hannah, O'CATHAIN, Alicia and WILDMAN, Martin

Available from Sheffield Hallam University Research Archive (SHURA) at:  
<https://shura.shu.ac.uk/27843/>

---

This document is the Supplemental Material

**Citation:**

ARDEN, Madelynne, HUTCHINGS, Marlene, WHELAN, Pauline, DRABBLE, Sarah, BEEVER, Daniel, BRADLEY, Judy, HIND, Daniel, AINSWORTH, John, MAGUIRE, Chin, CANTRILL, Hannah, O'CATHAIN, Alicia and WILDMAN, Martin (2020). Development of an intervention to increase adherence to nebuliser treatment in adults with Cystic Fibrosis: CFHealthHub. Pilot and Feasibility Studies, 7 (1). [Article]

---

**Copyright and re-use policy**

See <http://shura.shu.ac.uk/information.html>

# First Intervention Visit: Worksheet

Participant ID: \_\_\_\_\_

Interventionist name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Consent visit Motivation rating (from COM-BBQ): \_\_\_\_\_

Consent visit Confidence rating (from COM-BBQ): \_\_\_\_\_

1. I have turned on the Dictaphone ☐
2. Are there prescription changes needed Yes ☐ No ☐  
These are:

3. Complete the online consent form with the participant ☐

4. Briefly Introduce CFHealthHub

Check My progress ☐ Settings ☐

CFHH App for smartphones ☐

Navigation bar (top right) ☐

Personalisation settings:

Wallpaper explained ☐

Notifications ☐

Rewards messages ☐

Data sharing allowed ☐

Encourage  
participant  
to navigate

5. Ask participant to navigate to My Toolkit and discuss ☐

**Show:**

My Treatment modules ☐

Treatment video(s) ☐

**Say:** This is tailored content,  
specifically designed for you based  
on your prescription and the  
answers that you gave to the  
questionnaire

6. Discuss Motivation rating ☐  
(see top of page 1 of worksheet)

**Say:** When you completed the questionnaires about the study you  
were asked to agree or disagree with the statement:  
**'I want to do all of my prescribed nebuliser treatment in the next 4  
weeks'.** (see motivation rating above)  
Why did you want to do your treatment that much?

Key reasons for motivation given were:

Reflect and reinforce reasons ☐

**Say:** So you want to do your  
treatment because.....

You're absolutely right doing your  
treatment will....

7. Show adherence graphs or charts, orientation to display and functions. ☐

**Graphs:**

Default ☐

Target line ☐

Hover for times ☐

Date slider ☐

Traffic light colour scheme ☐

**Tables:**

Weekly ☐

Traffic light colour scheme ☐

Absolute values ☐

*Any treatment is a success: focus on the positives*

8. Review adherence and focus on successes Yes ☐ N/A ☐

Key factors resulting in success were:

**Say:** What helped you to take your treatment? **or:** What was different about this day when you took your treatment

9. Ask about their nebuliser treatment on one (or two) day(s) last week ☐

Identify which treatments are being missed:

**Say:** Tell me about your treatments on [Tuesday] - what did you take, when and in what order?

*Look for a time when less treatment than normal was taken*

10. Ask about factors affecting non-adherence Yes ☐ N/A ☐

Key factors affecting non-adherence were:

**Say:** What got in the way of you taking your treatment? **or:** What was challenging this day when you did not take [all of] your treatment

11. Is motivation too low to continue? No ☐ **Go to part 12**

No/low intention to take treatment ☐

Shuts down/not bothered ☐

Other:

Yes ☐ **because:**

Identified from beliefs ☐

Possible depression referred to PI ☐ \_\_/\_\_/2017

*Select one of these reasons and  
**Go to part 15***

12. a) Support participant to make action plan(s).

*The participant should type their own plan(s) into the Action planning tool*

Yes ☐ What is the cue (if) in the *if then* plan?

No ☐ Because:

b) Support participant to set personal target goal Yes ☐

Agreed goal is  %

Which drugs do these planned treatments relate to:

Drug	Ideal number of treatments	Planned number of treatments

Ideal no. of treatments =  
Planned no. of treatments =  
Planned treatments/Ideal treatments =  
Multiply by 100 =

*The participant should type their own coping plan(s) into the tool*

13. Identify and discuss key anticipated barriers in meeting goal and identify solutions Yes ☐ N/A ☐

Problem/Barrier	Solution
1.	
2.	
3.	

14. Discuss confidence (goal set) Yes ☐

**Say:** Now that we have set your goal at x and come up with some solutions to your problems let's rate how confident you feel that you can achieve that goal?

***I am confident that I can achieve my target goal in the next 4 weeks***

Strongly disagree

Strongly agree

1

2

3

4

5

6

7

Remind about times of good adherence ☐

Remind about tools to help ☐

**Go to part 16**

**Say:** Remember you did manage to do all of your treatment when.... **or** You've made a plan now that could help with that problem

15. Discuss confidence **(no goal set)** Yes ☐

**Focus on relationship building**

*You need to understand the motivational barriers to adherence. So ask open questions, listen carefully, and reflect back what is said to make sure that you understand*

**Say:** When you completed the questionnaires about the study you were asked to agree or disagree with the statement: **'I am confident that I can do all of my prescribed nebuliser treatment in next 4 weeks'**. You said (see rating at top of worksheet sheet)

Why were you that confident?

What might help you to feel more confident?

Did you identify additional modules that should be added to **My Toolkit**?

Yes ☐

No ☐

16. Are there any suitable videos to add to the toolkit at this time?

Yes ☐ No ☐

*Choose videos that best match the characteristics of the participant e.g. gender, age, occupation, barriers encountered. (optional)*

17. Review the session Yes ☐

Remind how to log in ☐

Remind how to access adherence charts ☐

Remind how to access **My Toolkit** ☐

Remind who to contact if problems ☐

Ask if participants have any questions ☐

**Say:** The most important thing is that we begin to learn how to help you with your nebuliser treatments. If this/these plans don't work, then don't worry. If that's the case then we'll work to find other plans and solutions to suit you when we meet next time.

18. Make/confirm appointment for next session Yes ☐

Date and time:  
Location/Mode

--