SHUTi-CARE Qualitative Code Book

Domain	Code	Use
(Dis)satisfaction	Satisfaction / aspects of intervention to keep	This code applies to quotes that address **positive** feedback about the participant's experience in the trial - whether that is assessments, using SHUTi, or otherwise. This will identify factors that should **stay the same** for future studies / SHUTi for caregivers, or be **encouraged** for other studies / interventions, because the participant **liked, enjoyed,** or **appreciated** that factor.
(Dis)satisfaction	Dissatisfaction / aspects of intervention to change or tailor	This code applies to quotes that address **negative** feedback about the participant's experience in the trial - whether that is assessments, using SHUTi, or otherwise. This will identify factors that should **be changed** for future studies / SHUTi for caregivers**,** or be **discouraged** for other studies / interventions, because the participant **disliked** that factor or there was **something missing** that the participant needed or wanted.
(Dis)satisfaction	Both	This code should only be applied where there are **independent parts** of the quote that clearly **relate to both** "Satisfaction / Keep" and others that clearly relate to "Dissatisfaction / change". These parts will be specified in open-ended response items. Parts of quotes **should not overlap** without strong justification.
(Dis)satisfaction	Neither	This code should only be applied where there is **no clear relationship** of the quote to either aspects that a participant specifies they **like, enjoy, appreciate,** or **recommend keeping** OR **dislike** or **felt were missing.**
Engagement	Uptake	This code applies to factors related to a participant deciding to **join** the study OR deciding to **START** Core 1. These are reasons why the participant decided to "give the program / study a try." This cannot be anything that a participant would not understand or appreciate before trying the program (e.g., CBT-I skills, sleep diaries, amount of reading) unless clearly specified they already knew this before trying the program.
Engagement	Continued Use	This code applies to factors related to "sticking with" the program over time, finishing Cores, or staying in the study. This may be denoted by the accumulation of benefits or skills over time. This describes reasons why a participant would have kept going to complete further Cores after the first Core.
Engagement	Both	This code should only be applied where there are **independent parts** of the quote that clearly **relate to both** "Uptake" and others that clearly relate to "Continued use". These parts will be specified in open-ended response items. Parts of quotes **should not overlap** without strong justification.
Engagement	Neither	This code should only be applied where there is **no clear relationship** of the quote to either aspects that a participant specifies that related to them **picking up** or **starting** the program**,** or **continuing to use** the program over time.
Caregiver specificity	Unique to caregivers	This code only applies where a concept is truly **only pertinent to family caregivers** (either as a group, or specific subsets). For example, hypervigilance to detect nighttime wandering, needing to get up to administer medications, etc.
Caregiver specificity	Pertinent to anyone	This code applies where a concept could be **useful for any person** (e.g., very busy people, stressed people). This might be especially helpful for caregivers (e.g., because they are largely busier and more stressed than the general population), but it could still be useful whether a user had caregiving responsibilities or not. Err on the side of 'pertinent to anyone.'
Caregiver specificity	Both	This code should only be applied where there are **independent parts** of the quote that clearly **relate to both** "Unique to caregivers" and others that clearly relate to "Pertinent to anyone". These parts will be specified in open-ended response items. Parts of quotes **should not overlap** without strong justification.
Caregiver specificity	Neither	This code should only be applied where there is **no clear relationship** of the quote to either aspects of the program that could be **broadly useful to anyone** or **only useful for caregivers**.
Generalizability	CBT(-I) in any format	This code applies where the concept is related to the central tennants of cognitive-behavioral therapy - for insomnia or otherwise. Pertains to *treatment mechanisms* (what content is being delivered). Definition (cognitive behavioral therapy): **structured, time-limited**, and present-focused psychotherapy with the goal of problem solving and modifying dysfunctional thoughts and behaviors to produce an enduring, healthy change in the way a patient thinks, things they believe, how they feel emotionally, and how they behave. (Beck, 2020 Cognitive Behavioral Therapy v3) - Focused on the **cognitive model**: dysfunctional thinking influences mood and behavior - Techniques include: **thought identification, cognitive restructuring, self-monitoring, problem solving** Definition (cognitive behavioral therapy for insomnia): cognitive behavioral approach to treating insomnia - that is, the modification of dysfunctional sleep-related beliefs and behaviors that maintain insomnia to improve the individual's sleep and feelings about their sleep. Techniques include (Perlis et al., 2005 Cognitive Behavioral Treatment of Insomnia): - **Stimulus control**: limiting time awake in bed/bedroom - **Sleep restriction**: limiting the sleep opportunity window to the sleep ability - **Sleep hygiene**: practices (behaviors, modifications to sleep environment) that help promote healthy sleep - **Cognitive therapy**, specific to beliefs about sleep and consequences of sleep loss - Self-monitoring is specific to sleep and sleep-influencing behaviors through the **sleep diary**
Generalizability	e/mHealth delivery of any therapy	This code applies where the concept is related to how health-oriented interventions are delivered by web or mobile applications. Pertains to *delivery mechanisms* (how content is being delivered). Definition: "a **primarily self-guided** intervention program that is executed by means of a **prescriptive online program** operated through a **website [or mobile application]** and used by consumers seeking health- and mental-health related assistance. The intervention program itself attempts to create positive change and or improve/enhance knowledge, awareness, and understanding via the provision of sound health-related material and **use of interactive web-based components**." (Barak et al., Ann Behav Med 2009). - All provide **content** that users receive by navigating around the program - All deliver content via **text** with or without additional **multimedia (pictures, graphics, animations, audio, video, interactive activities, games)** - Many will provide **tailored feedback** based on interaction with the program (e.g., assessment responses, use of the program) - Many will provide **automated reminders** to engage with the program by email or push notifications
Generalizability	SHUTi only	This is our 'default' position as participants were specifically asked about their experience with SHUTi. Where "it" or "the program" are more generally referenced, replace with SHUTi to help evaluate code. This code applies where a participant is specifically talking about CBT(-I) treatment mechanisms being delivered by way of a web program. Pertains to BOTH what the content is AND how it is delivered.
Generalizability	More than one of the above	This code should only be applied where there are **independent parts** of the quote that clearly relate to "CBT(-I) in any format," "e/mHealth delivery of any therapy," AND/OR "SHUTi only." These parts will be specified in open-ended response items. Parts of quotes **should not overlap** without strong justification. Parts of quotes that are deemed "SHUTi only" would never overlap with CBT-I or e/mHealth because the content of both of these codes is contained within the SHUTi code.
Generalizability	Neither	This code should only be applied where there is **no clear relationship** of the quote to the question, the SHUTi program ("program," "it," etc.), what content is delivered (e.g., CBT-I), or how content is delivered (e.g., e/mHealth).