Supplemental Table 3. Interview question codes and direct quotes (*n* = 16)

| Question (code) | Question summary | General outcome | Quotes |
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| 1  (Risk) | Informed of nutrition risk status and thoughts on same | 3/16  Informed of nutrition risk status in general terms | INTVrdpcn-10: *… she said [I] might fall into the risk where [I’m] not probably getting quite enough of the proper nutrition ... it's a good wake up to saying you should maybe be looking at this or even be a little concerned*.  INTVrdpcn-12: *They said I had sounded like I have good eating habits, but I could change a few things to have better ones … there were a couple of things that I found interesting, and I thought, oh, so there you go*.  INTVgcc-16: *Only in specific areas, say like iron. So, you have to adjust for specific problems as you are aging*. |
| 2 (Impact) | Told how eating habits impact health and thoughts on same | 4/14 Some discussion around eating and health occurred | INTVrdpcn-10: *It could have a negative impact*.  INTVrdpcn-12: *They talked a bit about some seniors being malnourished or depressed. And so that was sort of in the general stuff … I thought it was interesting because I know what I eat. I live alone, so it's pretty standard and routine … I said I'm pretty sure I have a pretty well-balanced diet. But I said I'm willing to talk. And she said, well, there might be some things we can pull out*.  INTVrdpcn-14: *Well, I'm diabetic. So, we did about that and some of the foods that you have to be careful with … I found it informative*.  INTVgcc-19: *It's true. I agree with it*. |
| 3  (Experience) | Experience of being screened for nutrition risk (10/16 remembered screening appointment) | 10/10 Positive or neutral experience of being screened | INTVrdpcn-02: *It was okay. I didn’t – nothing offensive. It was good*.  INTVrdpcn-04: *No problem at all. I don't mind when it comes to stuff like this, I want to be informed and find out what I could do going forward*.  INTVrdpcn-10: *I was really glad that they were actually doing a study on that because they said so many times things fall through the cracks … To be asked questions it wakes you up to the fact that you have a responsibility too to yourself*.  INTVrdpcn-11: *Actually, I think it was pretty neutral. I didn't have any feelings about it at all, really … I don't have any issues with my nutrition, so I didn't take umbrage to any of her questions*.  INTVrdpcn-12: *Well, I don't have any problems with that. I've had some chronic issues in health for over 20 years. So obviously I've answered a whole lot of questions over that time … If people get personal, it might bother me but my eating, I mean, what's personal about that? Nothing*.  INTVrdpcn-13: *I didn't have any problems with it … I have nothing to hide or anything. Or I wasn't intimidated … it was okay. I mean, I wasn't doing anything at the time and it was in the morning, which was best for me anyway*.  INTVrdpcn-14: *It was an easy conversation … it was certainly not a problem. It was quite informative and I kind of felt like it was, she … seemed quite interested in my health and well-being, so I found it quite good*.  INTVgcc-16: *At this point in time, I have more time than you would imagine. I’m not like you who are so, so busy and I’ve had those days, so, no, it’s fine, it’s fine*.  INTVp2ppcn-17: *I was very comfortable. She was very professional, and I had no problems at all with, with being there*.  INTVgcc-19: *Well, I think it gave me food for thought as to how I eat … it was easy*. |
| 4 (Value) | Value of being asked questions about eating and nutrition during health care appointments and why it is valuable (1 person not asked this question) | 15/15 Think it is valuable (1 said depends on age and mental alertness) | INTVrdpcn-02: *Well it’s just your overall nutrition. And as we age, I think we tend to forget or ignore what’s, you know, like, our habits*.  INTVrdpcn-04: *I think it should be on the minds of people my age and older. Yeah. It's, each day that you have you should do what you can to make sure that you're around the next day*.  INTVrdpcn-05: *It helps them to get healthier and stay healthy and live a little longer … So if you listen and do what you're offered, it could extend your life a bit*.  INTVrdpcn-06: *It's important to have them tell you if there was anything lacking … Because the older person can slip up with memory and maybe not be eating …*  INTVrdpcn-07: *I think it's really important. I don't think it's talked about enough*.  INTVrdpcn-10: *I think that it would be a good wake up call for them … It gives you a kickstart to think a lot about things like that*.  INTVrdpcn-11: *Well, I think for one thing you can learn if a senior just doesn't have the means to buy the nutritious foods they should be eating, or they are unable or unwilling to cook for themselves. I think that's really important for the healthcare system to know about, because it's going to affect their health*.  INTVrdpcn-12: *Well, it was helpful for me because obviously I've made some changes, so I would say it's helpful … nutrition's pretty important*.  INTVrdpcn-13: *… with COVID it's a little bit more restricted, but I noticed I would say in last six months or so, that people that live alone I think are finding a bit of a struggle for meals. And the other one thing that is a bit pretty open too, a week before all the pension checks come in, they've got $10 left in their account type of thing*.  INTVrdpcn-14: *Well, I believe what's most important about it is a lot of elderly people do not have an income sufficient enough to be able to buy nutritious food. And quite often you see elderly people standing by the meat counter, looking at the different meats. And quite often they have to select very cheap cuts of meat, liver, or something like that they can afford and, they are unable to buy. And it bothers me when I see that*.  INTVrdpcn-15: *I'm so dubious about that. So, in one way it would benefit them if they fully understood what they were eating and in your comments, test type of thing, but depends on the age of the person and how mentally alert they are, I think, in a way*.  INTVgcc-16: *Yes, I do. And I also think older adults have wisdom in other areas that today's generation just seems to not realize … Well, one thing, it keeps me on track and it makes me think about, am I sliding down or whatever? And this is an area that has been part of my life. So, I don't think anything negative or positive, it's just part of me*.  INTVp2ppcn-17: *Oh my goodness, yes … I was involved in healthcare, in a roundabout way for a lot of years. So I know how much nutrition can affect your whole life and everything about it*.  INTVgcc-18: *Yes, I think so … Because often older people forget to eat and well, especially drink, sufficient fluids and then that precipitates other problems*.  INTVgcc-19: *Yes, I do … I think it just calls to mind that we sometimes don't follow the food guidelines when we get older. It's easier to just have some toast or whatever. So, it makes you think more of what you should be eating*. |
| 5 (Hand) | Handouts received as a result of screening Appointment and thoughts on same | 3/16 Recalled received handouts but only appears to be due to screening twice | INTVrdpcn-07: *… like the nutritional value in certain fruits and foods and what to look for when it comes to diabetes …” – these handouts likely NOT a result of screening.*  INTVrdpcn-10: *She has emailed me a number of things .... I just haven't opened it yet … They give information about activities that I might not have thought about, or groups that I might not have thought about out there and you could get information from that sort of thing, find out about*.  INTVgcc-19: *You know what I can't recall right now because it's quite a while back … It makes me more aware*. |
| 6  (Web) | Staying Strong & Healthy virtual workshop | 0/16 | No participants remembered getting a recommendation to attend the virtual Staying Strong & Healthy workshop |
| 7 (Service) | Referral to services and thoughts on same | 2/16 Referred to registered dietitian; 6/16 Confused about referrals | INTVrdpcn-02: *I had a voice consult … with a nutritionist … on how to gain weight … It gave me a guideline to the foods that I should be putting in my mouth … it’s just made that awareness of hey, wait. What you’re going to put in your mouth – is it good for you? Does it have any value? … That information has definitely helped me get on track … It was only about a 2-week process … for me, it was worth the time*.  INTVrdpcn-03: Unclear about appointments and purpose of phone call; participant thought the interview call might have been a call from a dietitian to discuss her recent high cholesterol lab values; participant talked about an appointment where she was given education on healthy eating for high cholesterol.  INTVrdpcn-05: Participant unclear about the screening, stated the nutrition questions had been asked over the phone; actual completed SCREEN-8 (viewed post-interview) indicated referral to pharmacist occurred during screening appointment, which appears to be the same appointment where participant was given nail care, which he gets every 6 weeks at the PCN; participant was referred to a pain management course at some point, s/he thought it might have been the pharmacist who provided the referral, but s/he had not attended it yet. Participant indicated s/he was on pain medications.  INTVrdpcn-06: Participant mixed up phone appointments with in-person COVID-19 vaccination, with in-person education on eating and exercise sessions that s/he ended up not attending due to spouse’s deteriorating mental health; writer not able to determine if any services were provided as a result of the screening appointment.  INTVrdpcn-07: *My doctor referred me to the nurse. The nurse referred me to the nutritionist, but like I said because it's been a short time for me that, that was right when COVID came in and everything was canceled and then I haven't gotten any new appointments since.” – these services appear to be due to diabetes appointment and not screening appointment as per completed SCREEN-8 and participant comments about their diabetes.*  INTVrdpcn-10: *Referral to a dietitian and then I did speak with the dietitian. And when I was talking with her and I told her about the weight watchers and that she said “oh, then you probably don't need to have anything else because right now you're on a good path … I had a good talk with her. She said it's good to know that even before she was able to call me, that I had done something … I thought it was fairly easy [to see a dietitian] ... she called, I think it was within a 2-week period … she was going to send me the information she said you might be receiving in like other avenues that I could explore, online courses available, new activities and that sort thing that you could look at*.  INTVrdpcn-12: Participant reported seeing a dietitian, but it may have been from the Heart Function Clinic and not a result of a screening referral.  INTVrdpcn-14: *No, I was not*. – But SCREEN-8 viewed after interview revealed participant was referred to RDPCN (perhaps participant thought referral query was asking about a referral outside of the RDPCN). |
| 8 (Change) | Other changes due to screening, resources, or services | 0/16 Other changes made | No participant indicated they made any other changes as a result of being screened, provided with resources or referred for services than changes already discussed in previous questions. |
| 9  (Other) | Any final comments | 7/16 Added final comments | INTVrdpcn-02: *It was beneficial that I talk to somebody in the industry that knew about dieting and nutrition. So it just – it did help me*.  INTVrdpcn07: *I'm better off than a lot of them and they have found it really, really hard eating properly, being able to even afford to eat on a pension*.  INTVrdpcn-10: *I like the follow all way through from the first person I met at the doctor's office to the PCN and then to the dietitian … it was reliable. I can count on it … It was follow-up everywhere. From the nurse to the PCN to the dietitian and then out to the final interview here*.  INTVrdpcn-11: *So I think if a person sees their doctor for an earache and ends up having somewhat of a discussion about nutrition, it could make them more aware of their nutrition or lack thereof and therefore benefit them in the long run … Some people will definitely take umbrage to being asked these questions, and I just don't see it that way, but I think it's worth asking*.  INTVrdpcn-13: *I can't really think of anybody, especially in our building here that has an issue with meals other than the fact that the price of food … It's a definite complaint or consistent complaint about the price of food. A lot of them, they take advantage of whatever the Safeway first Tuesday deal is, you see them, they're shopping, they might just shop for the bag and they take advantage of situations where they can save*.  INTVrdpcn14: *… it seems like every time you turn around, there's always a reason why the groceries go up. Nothing ever comes down it's always goes up. And it just, I think people on a fixed income … they don't have a lot of choices … you have the elderly deciding whether they can eat meat today or not. That bothers me that they can't really have good meals when they need it*.  INTVgcc-15: *Just don't give me all the desserts, it’s hard to resist. No, seriously, I do feel better eating... For example, today I asked for half a meal rather than the full and I think it's good and really, being a senior, you have to be receptive, but the problem is, as I have the problem to try to remember. So would it be a benefit to have more literature sent out or I'm not certain*.  INTVgcc-16: *Well, they have a marvelous volunteer system that helped people through COVID. We are called reassurance calls, to make sure people are okay because so many seniors do not have family around. And so, they have set up these very supportive services for seniors, including doing our shopping during COVID and they have a kitchen where you can order meals and all that good stuff. They'll have a soft opening the beginning of December, so that means some of these things won't be required anymore*.  INTVp2ppcn-17: *To the best of my recall, I was there about my memory now I know nutrition affects memory, but I think the questions about nutrition are kind of not the part I paid attention to*. |