

**Supplemental file 1.** Interview script.

- 1) How do you feel? Tell me about your **health condition**. (*"ailments" or significant problems?*)
- 2) **How do you see yourself** regarding your age? (*self-perception*)

- 3) When **you feel unwell**, do you consult a professional? [yes/no] (*healthcare utilization*)
- 4) [**"In case of no"**], why not do it?  
*Reasons (of "why not" goes: it does not matter? Why?)*
- 5) [**"In case of yes"**], how many times do you go? (*frequency*). Why?  
*(Reasons)*
- 6) If she goes by her own decision or someone makes that decision (*interferences*).

- 7) **Do you have medical treatment? How do you manage to follow it? Do you find it difficult?**
- 8) [**"In case of yes"**], why? *Reasons*.
- 9) [**"In case of no"**], Point out if it is problematic because it does not suit her (their characteristics) or her lifestyle/ daily life.
- 10) Do you come to **periodic reviews**? Is it difficult for you to come?
- 11) [**"In case of yes"**], why?  
*Reasons (e.g., thinking it is unnecessary, problems with health personnel, lack*

*of time, fear of a diagnosis...)*

In general:

- 12) Do you feel that the healthcare professionals **listen to you**? (Point out if she *perceives* something wrong)
- 13) [In case she had a **preference**, find out if she was able to tell the health personnel: **give your opinion/ choose**]
- 14) Do you feel that **they care about your problem**? (*Identification of the problem*)
- 15) **Do they ask you** if you follow the treatment, if you can do it, and how it is going...? (*interest*)
- 16) [And when "things are not going well"], **do you feel they worry** about that? (*concern*)
- 17) [If ever "things did not go well"], **were you able to tell the health personnel? Did they listen to you / did they take you into account?**

In the end:

- 18) Do you think they treat you **differently** because of your age?
- 19) **What do you think healthcare professionals think of older people?**

**Supplemental file 2. Rigor and quality criteria.**

<b>Rigor &amp; Quality criterion</b>	<b>Description</b>
<p><b>A.</b> Methodological and theoretical-epistemological adequacy.</p>	<p>The qualitative model is the one that best meets the purpose of this research, as it allows flexible, open, and changing study designs that facilitate the understanding of the subjectivity of the participants. This methodology aims to describe and understand older patients' experiences, which are affected by the cultural, political, social, and economic context. The interviewer-interviewee interaction here is considered essential for the study's correct approach since it will be the tool that provides the information, which is why it must always be based on respect and the absence of moral judgment in the face of any perspective raised.</p>
<p><b>B.</b> Relevance.</p>	<p>Understanding the thoughts of older adults about the care received, as well as their perception of how the health professionals manage the care demands, could generate knowledge with clinical and research implications since it would help to explore their real experiences under caring needs situations and thus strengthen the promotion of health and well-being of this group. In addition, the methodology used would favor the results' transferability to other similar contexts.</p>
<p><b>C.</b> Validity.</p>	<p>This was ensured through triangulation by researchers, sharing and discussing decisions and findings. Moreover, two researchers conducted the analysis process simultaneously, posing the results reciprocally and agreeing on the final outcomes. The rest of the team supervised and approved the overall process.</p>
<p><b>D.</b> Reflexivity.</p>	<p>The research team was concerned with discovering how much health professionals listen to older patients' demands. For this, and as a reflection of themselves in an older person's mind, the research team wanted to highlight the importance of the difference between being older and feeling older. On the other hand, the research team thought about the vulnerability of older people who live alone, so living alone was adopted as one inclusion criterion for this study. Finally, they inclined that the health professionals would probably not be meeting the needs of older patients in their entirety concerning the objectives of this study.</p>