

**WIHS VIROLOGIC REBOUND AND RESISTANCE STUDY
QUESTION BY QUESTION SPECIFICATIONS
VRS 6 R: TELEPHONE INTERVIEW FOR MEDICAL PROVIDERS**

Guidelines for completing VRS 6R, "Telephone Interview for Medical Providers"

General Instructions:

The purpose of this form is to collect information from a participant's physicians regarding the reasons why a participant was started on HAART or changed from a non-HAART to a HAART regimen. It should only be completed for all new VRS enrollees. Do not try to reconcile patient report with provider report if there are differences.

- A1. Affix WIHS ID label here or record participants ID.
- A2.: For a core visit, enter the number of the core visit. For a three month visit, enter the number of the core visit preceding the 3 month visit.
- A2a.: If this form is administered at a Core Visit, circle '1'. If this form is administered at a 3 month VRS visit, circle '2'.
- A3.: Use the form version dated 06/01/02.
- A4.: Date should be recorded in MM/DD/YY format. Enter the date of the day on which the provider was interviewed.
- A5. Enter initials of person completing the form.
- A6.: Before faxing the release to the providers office, you should call the provider's office, introduce yourself, tell them who you work for, and let them know that you are calling about a patient of theirs who is in a study with Dr. (NAME PI FROM SITE), and that you would like to speak to (PROVIDER'S NAME) to get some information about this patient. Let them know that you have a signed release of information (or whatever your site's equivalent is). Ask them if you should fax the release now or later, and try to get a time to talk to (PROVIDER). After you fax the release to the provider's office, enter the date in MM/DD/YY format.
- A7. - A9.: Enter the dates of the days that you attempted to contact participant's provider to complete VRS 6. If the first attempt is unsuccessful, try to get a time commitment for the next attempt. If two attempts are unsuccessful, find an MD in your office who can make the call.

- B1.: We want to know whether provider prescribed new antiretroviral medications or discontinued antiretroviral medications for this patient in the 6 months before the interview that triggered this questionnaire. If provider reports dropping or adding antiretrovirals, circle '1', and continue, if provider reports no change in HAART regime, circle '2' and stop.
- B1b.: If participant was not on ART prior to this change, circle "1" – change to a new ART regimen. If participant was switched from a non-HAART to a HAART regimen, circle "2", switch from a non-HAART regimen.
- B2a.-B7a. We want to know the names of the anti-retrovirals which provider started or stopped in the last six months.
- B2b. -B7b. If provider reports that the medication listed under a. was started, circle 1, if s/he reports that the medication was stopped, circle "2". If the same medication was started or stopped repeatedly in the last six months, complete one row for each event.
- B2c. - B7c. We would like the prescribed dosage of the medications started, in mg and times per day. (QDAY = once a day; QHS = once a day at night; BID = twice a day; TID = three times a day; Q12h = every 12 hours; Q8h = every 8 hours). These are the abbreviations commonly used by providers.
If this is a medication combining two or more substances (like Combivir or Lopinavir with Ritonavir), leave the amount blank and only code the frequency.
- B2d.-B7d.: Enter the date the medication was stopped or started in MM/DD/YY format.
- B2e.-B7e.: We would like to know the primary reason for the new (or change) in prescription. Read the list to the provider and ask them to pick only one reason. The reason may be the same for all medications, or it may be different. If the main reason is "patient meets criteria for HAART", read the three statements below and ask provider to answer yes or no to each of them. For each yes, circle '1', for each no, circle '2'.
Clinical progression refers to a patient developing new AIDS defining illnesses or AIDS associated conditions or opportunistic infections.