

WOMEN'S INTERAGENCY HIV STUDY

SECTION 8: GUIDELINES FOR CONDUCTING THE RESEARCH INTERVIEW

A. INTRODUCTION

Interviewers in the WIHS perform a variety of important functions. They:

- Represent the WIHS to the participants,
- Keep participants interested in and committed to the WIHS,
- Provide the first line of data quality assurance,
- Detect problems participants are having and respond appropriately,
- Clarify contradictory or confusing responses, and
- Provide feedback to WDMAC on forms.

The WIHS is interested in collecting precise measurements of various aspects of the participant's medical condition, medical history, lifestyle and psychosocial attitudes. To obtain consistent and comparable data that give a true picture of the factual events and life experiences as well as the thoughts, actions and feelings from each participant at each site, every interviewer must collect the data using standardized interviewing techniques and procedures. To ensure that all interviewers utilize consistent interviewing methods and to minimize response bias, the WIHS researchers have carefully designed each form of the study instrument and constructed specific, detailed instructions referred to as “Question-by-Question Specifications” (QxQs) that complement each form. In addition, prior to visit 12 and again before the Southern sites began enrolling during WIHS V, WDMAC held a comprehensive interviewer training session for all site interviewers that had not been previously trained by WDMAC.

Interviewers are extremely valuable members of the WIHS research team since the quality of the data and the success of the study depend largely upon the ability of each interviewer. They are essential to the success and future of the WIHS since they help the study to collect complete data, correct data and unbiased data.

Through visit 38, all interviews were conducted in the WIHS using paper data collection forms; beginning with visit 38, some sites began entering some data collection forms via Direct Data Entry (DDE), wherein questions are read to the participant directly from the computer screen with responses entered into Apollo without being recorded first on paper. As of visit 42, all forms (including interview, specimen collection, and exam) are available for DDE except for the Neurocognitive Battery forms. Interviewers must make sure to have a paper copy of all applicable forms with them for each interview, however, in case of computer or internet failure.

B. QUESTION BY QUESTION SPECIFICATIONS (QxQs)

Question-by-Question Specifications (QxQs) serve as an intermediary between the interviewer and the WIHS researchers. They explain the purpose of questions, clarify terminology and provide additional instructions to assist the interviewer. As much pertinent information as possible is included directly on the WIHS data collection forms. However, some questions and data points require more lengthy explanations, which are detailed fully in the QxQs. The form designers also tried to foresee dilemmas that may occur during the data collection process and provide resolutions in the QxQs. In order to collect complete and standardized data, interviewers should refer to the QxQs often,

especially at the beginning of data collection, to ensure that they fully understand the objective of each question.

C. GETTING STARTED

Before you begin the interview, make sure that you have the following materials available in the interview room:

- All necessary paper forms (including Referral Checklist, Ascertainment Tracking Checklist, Neurocognitive Battery forms and checklists, etc.); this should include at least one copy of all data collection forms, even if doing the interview via Direct Data Entry (DDE), in case of computer or internet failure
- Response Cards
- Photo Medication Cards
- List of referrals
- Copy of the QxQs
- A pad of extra paper
- Two black ball-point pens
- Calendar
- Calculator
- Water
- Kleenex
- Lab coat or other professional interview attire to designate a change in your role

It is important to be prepared **before** you begin the interview. The more prepared you are for the full range of interview possibilities, the more you will be able to minimize the burden to the participant. There are two tools designed to assist the interviewer in the data collection process. They are the Ascertainment Tracking Checklist (ATC) and the Referral Checklist.

The Ascertainment Tracking Checklist is used during the interviews in conjunction with the Follow-up Health History Form (F22HX) (when administered as part of either the core interview or as part of an abbreviated visit). This form includes questions about specific illnesses that the participant may have experienced since her last study visit. An affirmative response to any relevant question serves as a prompt to the interviewer to complete a section of the Ascertainment Tracking Checklist corresponding to that particular illness. Upon completion of the interview, the interviewer must go back to obtain information about where and when each of the self-reported illnesses was diagnosed. The information obtained will then be used to abstract information from medical records about the illness for ascertainment following the Outcomes Ascertainment Protocol (Manual of Operations, Section 12). It is important for interviewers to probe extensively and obtain as detailed information as possible when completing the Ascertainment Tracking Checklist. Incomplete information will prohibit ascertainment of the reported event from occurring. See Section 12 of the Manual of Operations for more information regarding the ascertainment of events.

The interviewer must be sure to obtain the proper documentation for medical release of the participant's records if the participant consents to having her medical record abstracted. The process for obtaining proper documentation is site-specific. The interviewer must follow his/her site's procedures in obtaining consent for medical record abstraction.

The second tool designed to assist the interviewer in the data collection process is the Referral Checklist (Baseline and Follow-up versions). Throughout the interview forms, there are questions that may necessitate a referral for services depending on the participant's response to them. These questions are shaded and include a prompt for referral. If the participant's answer requires a referral, that referral should occur **at the end of the interview** according to the procedures used at your site.

Interviewers should note on the Referral Checklist that this participant needs a referral for a particular issue **after** the visit is complete. The interviewer **should not** intervene at this point during the interview. If the participant says that she wants to get help for this problem, the interviewer should say, “Someone will be available at the end of the interview to help you, but right now we need to continue with the interview.” If the participant is upset, the interviewer should be sensitive, give the participant time to regain her composure and say, “I understand—after we finish this interview, (name of person at that site responsible for the referral) will be available to help you.” Most participants will require a referral. Be sure to familiarize yourself with your site-specific instructions for referral.

D. GUIDELINES FOR CONDUCTING THE IN-PERSON INTERVIEW

The interviewer will ask the participant a series of questions that are very specific and at times quite personal. Utilizing the general guidelines outlined below will help the interviewer maintain control of the interview and collect complete and correct data from the participant. All interviewers should familiarize themselves with the basics of interviewing.

1. BE PREPARED

Before undertaking the first interview, it is crucial that each interviewer be very familiar with all study protocols and procedures, study forms and QxQs, form changes implemented at each visit, skip patterns, and the entire interview process.

2. ASKING THE QUESTIONS

- a. **ALWAYS REMAIN NEUTRAL.** To prevent influencing the participant's reply, the interviewer must take every precaution to avoid showing any personal feelings or judgments. Any reactions that may imply criticism, surprise, approval or disapproval of either the questions or the participant's answers will introduce bias into the interviewing situation. Interviewers should feel comfortable with the questions and the subject material of the study. If the interviewer feels uneasy, some of those negative feelings may be transmitted to the participant, and she (the participant) will also feel uncomfortable. All interviewers should practice asking questions that they feel may cause problems, until they can be asked in a simple, straightforward, matter-of-fact manner. Through a relaxed, professional attitude, the interviewer can ease the participant's anxieties and gain her confidence. It is especially important to remain neutral while probing for clarification of an incomplete response to a question. (See “Probing,” item #5 below.)
- b. **ASK THE QUESTIONS IN THE EXACT ORDER IN WHICH THEY ARE PRESENTED.** The form designers ordered the questions in a logical sequence; to change that sequence might alter the intent of the question and negatively affect the research. Some questions are intentionally placed after others to avoid influencing the participant's answers since the participant may try to “give us the right answer” if she hears one question before another. To steer the participant back to the correct order of answering questions you might say:
 - “That’s interesting, and I’d like to hear more about it, but let’s wait until we get to that part of the interview.”
- c. **ASK ALL QUESTIONS (unless instructed otherwise).** If the participant provides more information than is required for a particular question, the interviewer may feel that the participant has already answered a later question without being asked formally. **DO NOT RECORD** the response to a question that the participant indirectly provides out of sequence

during the interview. If the participant becomes annoyed at the repetition (and says something such as, “I just told you that”), respond pleasantly with phrases like:

- “You may have already told me this, but let me ask the question to be sure I have the correct answer.”
- “I have to make sure that I have your *full* answer to that.”
- “I need to ask all of these questions in the exact order to make sure we have complete information.”

Do not emphasize or define words/phrases unless the form or QxQ specifies such action. Don’t answer for the participant or make assumptions about what she should or would answer. Let her answer each question for herself. If a participant’s response contradicts previous information that she has provided, resolve this conflict with the participant before recording the answer. (See “Resolving Inconsistent Responses,” item #3 below.)

- d. **ASK EACH QUESTION EXACTLY AS IT IS WORDED.** Each participant in the study should hear *exactly* the same question. Using non-standardized changes – even one or two words – can affect the entire meaning of the question and lead to bias. Although some questions could be phrased differently or more simply, every word in the question serves a purpose and is specifically designed to achieve the research goals of the project. In order to combine the responses of all participants and analyze the data, there must be no variations in the way questions are asked.

Occasionally, the participant will ask the interviewer to define words in a question or further explain some part of a question. In this case you should check the form and QxQs for probes that might help better explain the terminology to the participant.

- e. **DISCOURAGE CONVERSATION THAT ISN'T RELATED TO THE TOPIC.** The participant may reminisce or relate a lengthy story illustrating her point when asked a particular question. If she rambles or discusses irrelevant topics, do not hesitate to gently interrupt her to refocus her attention. This process is known as “gaining control of the interview,” and is an extremely important part of an interviewer’s job. Acknowledge the answer with a professional tone and neutral comments such as “I see” or “O.K.” and repeat the question if she didn’t respond initially. At the same time, however, take precautions to avoid offending or antagonizing her. Politely use comments such as:

- “That sounds very interesting, but what I need to ask is ...”
- “I see what you mean, but let me repeat the last question ...”

This will ensure that the interviewer maintains control of the interview situation at all times.

It is suggested that the interviewer have a pad of paper readily available during the interview. If the participant asks about something not directly related to answering the interview question being asked, the interviewer should make a note of the question on the scratch paper and explain to the participant that it can be discussed later. For example: “That’s a good question. I’m going to make a note of it right here so that we don’t forget to talk about it after we have finished the interview.”

3. RESOLVING INCONSISTENT RESPONSES

The interviewer **can and should reconcile factual inconsistencies** given by the participant **WITHIN THE CONTEXT OF THE INTERVIEW SITUATION**. For example, if the participant gives

conflicting information regarding whether or not she has used male condoms since her last study visit on follow-up forms F23 and F24/F24BEH, the interviewer must probe under these circumstances to correct the factual discrepancy, if there is one.

EXAMPLE:

Form F23

C8. (In the past six months have you or your partners used) Male Condoms?

- YES1 (a)
- NO② (C9)
- DECLINED <-7> (C9)

Form F24

D4a. (Since your (MONTH) study visit,) how often did your partner(s) wear a rubber or condom when you had vaginal sex?

- Always①
- Sometimes.....2
- Never3

In situations such as this, the interviewer should take care not to challenge the participant. It is best to say to the participant: “I must have misunderstood – I thought you said earlier that you and your partner(s) did not use male condoms.” In this way, the interviewer appears to be the one who has made the mistake, not the participant. In most cases the participant will be happy to straighten out the facts and correct the error. This usually requires going back and repeating the questions over again to be sure the participant understands them correctly.

NOTE: Factual discrepancies should be corrected only if they occur within the interviewing situation. This includes information obtained while you are greeting the participant or from casual conversation not related to a specific interview question, but not information you may “know” from a prior interaction with that participant (outside of this interview situation) or from her medical records. If a participant gives an answer that seems to conflict with information you “know” from outside of this interview situation, you should not attempt to reconcile the discrepancy.

4. MAINTAINING RAPPORT AND DEALING WITH SENSITIVE ISSUES

The rapport building process begins with the initial contact between the interviewer and participant. The interviewer should maintain a positive relationship with the participant throughout the interview to help put her at ease. By coming across with an attitude of acceptance and understanding, and by expressing an interest in the participant, the interviewer can create an atmosphere in which the participant feels able to speak freely without reservation. Specifically, the interviewer must find a delicate balance between presenting the questions in a professional, matter-of-fact manner without being abrupt, tactless or insensitive. It is best to avoid acting too serious or too jovial because extreme types of behavior may alarm or upset the participant, and will bias the interview.

If the participant appears nervous or indicates that she finds a particular question too personal, offensive or painful to answer, reassure her that she may speak freely and that all of her responses will be kept confidential. The interviewer's ability to maintain an

environment in which the participant feels safe to speak is critical to the interview process. Basic approaches used in survey research involve emphasizing the confidentiality between the interviewer and participant, as well as the importance of each individual's participation and contribution to this significant research. Using phrases such as, "I can understand that you might be concerned about the privacy of what you tell me, but let me reassure you that your answers are strictly confidential," can help to put participants at ease during difficult points throughout the interview. Make sure you remain neutral regardless of the response given by the participant regarding delicate or embarrassing questions.

If a participant refuses to answer a question even after you've provided reassurances, indicate "DECLINED" (-7) or "REFUSED" (-9) on the instrument and go on to the next question. Although missing data is always problematic, it is better to accept a refusal to one question than risk losing the entire interview.

5. PROBING

Initially, participants may not answer questions satisfactorily because in everyday social conversation, people often speak in vague terms. The interviewer uses probing techniques to stimulate discussion and to obtain more information when a participant's answer is not meaningful, is incomplete, or does not adequately answer a question. Probing motivates participants to clarify or explain the reasons for their answers—probing also helps participants focus their attention on the specific aims of the question and eliminate irrelevant and unnecessary information from their responses. Furthermore, probing can encourage participants to think about their responses in general terms when questions require responses in broad categories such as "excellent," "very good," "fair" or "poor."

The success of the interview depends largely upon the interviewer's ability to probe meaningfully and successfully without introducing bias or antagonizing the participant. To accomplish this goal, the interviewer must understand the objective of each question (by thoroughly reading the QxQs and study protocol), be able to recognize immediately when the participant's reply fails to satisfactorily answer the question or conflicts with information previously collected, and use unbiased, neutral probes while maintaining rapport with the participant.

a. When to Probe

Misunderstanding

Sometimes a participant will provide an irrelevant response to a question, but assume that she answered it sufficiently because she misunderstood the purpose or intent of the question. Usually the participant didn't hear or missed a key word or phrase in the question such as in the following example from follow-up form F24/F24BEH (Alcohol, Drug Use And Sexual Behavior).

EXAMPLE:

D1. "How many males have you had sex with since your (MONTH) study visit?" **(CODE AS "000" IF NONE)**

|_|_|_|_|

OF MALE PARTNERS

Response: "Well, I usually have sex three or four times a week."

In this example, the participant did not hear or did not understand that the interviewer asked her “*how many males* have you had sex with since your (MONTH) study visit?” The interviewer should probe by repeating the question with emphasis or, if that doesn’t help, by saying something like, “I don’t need to know how often you usually have sex. Right now I just need to know *how many males* you have had sex with since your (MONTH) study visit.” Also bear in mind that the participant may be embarrassed by the question and accordingly may not answer the question directly. If you recognize that this is the situation, you can follow-up her response with, “I understand, but can you tell me ‘*How many males* you have had sex with since your (MONTH) study visit?’”

Remembering Events

Several questions in the interview require the participant to recall events that took place since her last study visit and she may not always be able to provide a precise answer. In such instances the interviewer should probe by asking the participant to try to give her “best estimate,” while at the same time reassuring her and being careful not to add to her frustration if she cannot remember exact dates. The example below from follow-up form F23 (OB/GYN and Contraceptive History) illustrates another need for probing.

EXAMPLE:

B15. When was the first day of your most recent period?

Response: “I got it on my birthday just last month.”

These types of responses require non-directive probes and the participant should be asked:

Probe: “O.K., when was your birthday?”

Don’t Know

When the participant answers, “I don’t know,” it doesn’t necessarily mean that she doesn’t have a response to the question. Instead it may mean that:

- i. The participant doesn’t understand the question and says “*Don’t Know*” to avoid admitting that she doesn’t understand.
- ii. The participant needs time to think about the question and says “*Don’t Know*” to break the silence and give herself time to think more about it.
- iii. The participant may be avoiding a response because she feels uninformed, or is afraid of giving a wrong answer, or because the question seems too personal.
- iv. The participant actually may not know or may have no opinion on the question.

If a participant answers, “I don’t know,” the interviewer should not be in too big of a rush to settle for that “Don’t Know” response. If you sit quietly and expectantly, the participant will usually think of something to say. Reassure the participant that she can have some time to think about her answer to the question and that you are not in a hurry. Have a calendar available for the participant to use for help in determining approximate dates. Try asking in which season the event occurred, or if occurred in close proximity to a holiday or other event (e.g., her birthday, her husband’s birthday, etc.).

If after probing, the participant can't remember the exact date of an event, but can narrow down the time period during which it could have occurred, record the date as follows:

- If the participant cannot remember the specific day, use "15" for the day.
- If the participant cannot remember the specific month, probe to determine the season and assign the month as follows:

Summer	=	July	=	07
Fall	=	October	=	10
Winter	=	January	=	01
Spring	=	April	=	04

In addition, have a calculator available to help the participant calculate totals and narrow down ranges. If she has trouble calculating a total (e.g., gross household income or the number of times she has used cocaine since her (MONTH) study visit), offer to assist her. You can estimate a total by calculating her frequency of use during a known time period. For example, if she has used cocaine two to three times per week since her last study visit and her last study visit was six months ago, she has used cocaine approximately 52 to 78 times (26 weeks times two to three times per week). Ask her if this estimate sounds correct and, if so, to narrow down the range. Ask if she thinks she used cocaine closer to 50 times or closer to 75 times since her last visit.

b. Correct Probing Techniques

When necessary, probes may be interspersed into the interview situation to obtain complete, accurate and clear responses without introducing bias or antagonizing the participant. The following basic principles of probing apply to all probes:

- i. The probe should in no way change the frame of reference of the question.
- ii. The probe should never indicate that one answer is expected over another.
- iii. The probe should never indicate that one answer is more socially acceptable than another.
- iv. The probe should motivate the participant to meet the question objective.
- v. The probe should never include information obtained through contact with the participant outside of the interview situation. For example, if you know the participant obtained a biopsy outside of her WIHS interview, but she doesn't remember to include it when asked on form F22HX, do not include this information in a probe.

Following are some of the most commonly used probing techniques:

- **Pause expectantly:**
Pausing after the participant begins to answer a question conveys that the interviewer expects her to elaborate — this is considered to be the most effective probing technique. Pausing allows the participant time to collect her thoughts.

- **Use an expression of interest and understanding:**
Saying such things as, “Uh-huh,” or “I see,” or “Yes,” communicates that the interviewer heard the response, is interested and expects the participant to say more.
- **Repeat the question:**
When the participant does not seem to understand the question, misinterprets it, seems unable to decide upon her response, or strays from the subject, repeat the question emphasizing those portions that the participant misunderstood. Many participants realize what kind of answer is needed after hearing the question a second time with emphasis.
- **Repeat the participant's reply:**
Simply repeating the participant's answer stimulates her to further thought.
- **Use neutral questions or comments:**
Neutral questions or comments such as those listed below are often used to explore many types of insufficient answers. Following are some examples of probes for various circumstances:
 - **Probes To Clarify**
“What do you mean exactly?”
“What do you mean by . . .?”
“Could you please explain that a little? I don't think I quite understand.”
 - **Probes For Specificity**
“What in particular do you have in mind?”
“Could you be more specific about that?”
“Tell me more about that. What/who/how/why . . .?”
 - **Probes For Generality**
“Generally ... (REPEAT EXACT QUESTION).”
“Usually ...(REPEAT EXACT QUESTION).”
“What is your best estimate/guess?”
“Which choice comes closest to how you feel?”
“Which choice best matches your response?”
“There are no right or wrong answers – we're just interested in your opinion.”
 - **Probes For Relevance**
“I see. Well, let me ask you again . . . (REPEAT EXACT QUESTION).”
 - **Probes For Completeness**
“Anything else?”
“What else can you think of?”
“What other reasons/things/examples, etc., can you think of?”
- 1. **Help the participant to narrow down ranges:**
For example, if, in response to the question on follow-up form F23 regarding how long the participant's last period lasted (OB/GYN and Contraceptive History), the participant responds that her last period lasted “four to five days,” ask her, “Was it closer to four days or to five?” Do not just repeat the question. Explain that you can only record one answer, not a range, and ask her to state the value that most closely approximates the needed information.

c. Improper Probing Techniques

Always encourage the participant to clarify her responses using non-directive probing techniques without making assumptions about what she “really means” by her answer. Forcing the participant to choose between a reduced number of choices (as a result of an improper probe) can lead to biased data. The example below, from follow-up form F26 (Psychosocial Measures), illustrates how the interviewer makes an assumption about the participant's reply and uses an incorrect probe.

EXAMPLE:

B1. “In general, would you say your health is”:

- Excellent 1
- Very Good..... 2
- Good..... 3
- Fair 4
- Poor 5

Response: “Well, you know I have AIDS!”

Improper Probe: “Then would you say your health is fair, or poor?”

The probe in the above example forces the participant to decide between two choices, when she may feel that, despite her HIV status, her health is excellent. We are interested in the participant's perception of her health – not a clinical assessment by a professional. The correct probing method to elicit an appropriate response to this question is to say, “Yes, but I am interested in how *you* would rate your health in general. Would you say that it is excellent, very good, good, fair or poor?”

E. WIHS INSTRUMENT CONVENTIONS

1. TYPES OF QUESTIONS

The WIHS forms consist of any combination of three types of questions: pre-coded questions, open-ended questions and dependent questions.

a. Pre-coded Questions

Pre-coded questions list the response choices with an assigned numerical code for each response possibility. The simplest form of a pre-coded question requires a “yes/no” answer, while other pre-coded questions offer several possible responses. The WIHS researchers designed the response choices to be both exhaustive of every possible answer and in mutually exclusive categories. The following example is taken from follow-up form F23 (OB/GYN and Contraceptive History).

EXAMPLE:

F7. What was the result of your mammogram? Was it normal (negative), abnormal (positive), or was there another result?

- NORMAL OR NEGATIVE TEST..... 1
- ABNORMAL OR POSITIVE TEST 2
- OTHER 3

In this case the response choices are printed in CAPITAL/UPPER CASE letters, and therefore they should not be read aloud to the participant. Use the list of responses as a guide in selecting the code that corresponds to the participant's answer. Occasionally the response choices are printed in lower case letters; lower case response choices must be read aloud to the participant.

EXAMPLE:

B1. Choose the answer that best applies to you now from the list I am going to read to you. Are you now...

- Legally married/common-law married..... 1
- Not married, but living with a partner 2
- Widowed 3
- Divorced/or marriage annulled..... 4
- Separated 5
- Never married 6
- Other..... 7

In this case, since the response choices are printed in lower case letters, they should all be read to the participant before she chooses a final answer.

Many series of questions—particularly those in the Psychosocial Measures Instrument (F26)—measure the degree to which the participant feels a certain way about a topic. To assist her in responding accurately, the interviewer will hand the participant a “Response Card” which has the response choices for that series of questions pre-printed directly on the card. The interviewer should read the response choices aloud to the participant and point out each category as they are read. This is very important for participants who may have difficulty reading. This method addresses the issue of illiteracy without embarrassing the participant in any way. This example is taken from the follow-up form F26 (Psychosocial Measures).

EXAMPLE:

HAND PARTICIPANT RESPONSE CARD 16.

First, I am going to read a list of the ways you might have felt or behaved in the past week. Please tell me how often you have felt this way during the past week.

NOTE THAT RESPONSE CARD CATEGORIES ARE AS FOLLOWS:
 1 = Rarely or none of the time (less than 1 day)
 2 = Some or a little of the time (1-2 days)
 3 = Occasionally or moderate amount of time (3-4 days)
 4 = Most or all of the time (5-7 days)

During the past week...	RARELY (Less than one day)	SOME (1-2 days)	OCCASIONALLY (3-4 days)	MOST (5-7 days)
C1. I was bothered by things that usually don't bother me.	1	2	3	4
C2. I did not feel like eating; my appetite was poor.	1	2	3	4

participant. For example, the interviewer should ask, “What was the outcome of the first (second, third, etc.) pregnancy?” All required subquestions for each pregnancy should be asked (a, b, c, etc.) **before** the interviewer proceeds to the next pregnancy. The interviewer should carefully follow the skip patterns within each subquestion (e.g., skip to subquestion c if the response to subquestion a is “abortion,” “miscarriage,” “ectopic pregnancy,” “other” or “don’t know”).

Correcting coding errors:

The majority of pre-coded questions dictate that the participant must select one answer. Based on this, the interviewer must circle one choice from the list of responses. Multiple responses are allowed only in those pre-coded questions that specifically include instructions that say “CIRCLE ALL THAT APPLY.” Circle appropriate code(s) carefully. If, for example, on a paper form, the interviewer hastily makes a large circle that covers two codes, the data manager cannot reconcile this problem, and the form will generate an edit report that will be sent to the interviewer for clarification. If clarification is not possible, a “missing” code will be entered into the database. On a paper form, if it is necessary to change a response after one choice has already been circled, draw a single line through the erroneous response, circle the correct response, and initial and date the change. Do not erase or use white out. The example below illustrates how to correct an error when using paper forms:

EXAMPLE:

YES.....~~1~~ HF 2/10/97
 NO.....2

OTHER, SPECIFY, DON’T KNOW and DECLINED:

Some pre-coded questions offer a choice of “OTHER” for responses that are not included or cannot be classified in one of the given categories. In addition to circling the code corresponding to “OTHER,” the question sometimes requires that the participant specify the actual answer. If required, the form will provide the instruction “SPECIFY” and space for the interviewer to record the participant’s answer verbatim.

Data collected in “SPECIFY” fields are seldom used in analyses due to the complexity of incorporating character-based data into data analysis programs. These data are mainly used in the form revision process to determine if new answer categories need to be added to a question. Therefore, if appropriate and at all possible, recode information collected via an “OTHER” response into one of the pre-coded response categories as below in this example from follow-up form F22MED (Medication History).

EXAMPLE:

F8. PROMPT: HAND PARTICIPANT RESPONSE CARD D3.

What is your MAIN reason for not taking any antiviral medications or treatments?

CIRCLE ONE ANSWER ONLY.

- I am HIV negative 1
- My CD4+ was too high / viral load was too low 2
- I feel too healthy 3
- I am taking alternative medications 4
- I don’t want side effects 5
- They are too hard to swallow..... 6

My doctor did not prescribe them 7
 I can't afford them/have no insurance coverage 8
 Concerned about resistance 9
 I'm having a baby..... 10
 Personal decision to wait 11
 They didn't work for my friends 12
 Any other reason 13

Specify reason:

In this example, if the participant replies that she is not taking any antiviral medications or treatments because, "I am afraid they might give me a buffalo hump," this should be coded as, "I don't want side effects" (code "5"), not written in the "SPECIFY" field as, "I am afraid they will give me a buffalo hump."

"DON'T KNOW" and "DECLINED" categories have been included on the form as answer choices for some questions, though these responses may be used for any question. If after being probed, the participant refuses to answer or insists that she doesn't know and the "DON'T KNOW" and "DECLINED" categories are not listed, record "DON'T KNOW"/ "DK" or "DECLINED"/"REFUSED" in the margin of paper forms. To record in Apollo, enter "-8" for "DON'T KNOW" and "-7" for "DECLINED/REFUSED" responses.

Pre-coded "Mentioned/Not Mentioned" Questions:

The following is an example from F22MED that illustrates how typical pre-coded "mentioned/not mentioned" questions appear in the WIHS forms. The interviewer should ask the question, and circle "YES" for the response choices mentioned by the participant. The question specifically instructs the interviewer to circle "YES" (Code 1) for those alternative/complementary therapies or practices mentioned. All alternative/complementary therapies or practices mentioned by the participant should be coded as "1."

If a participant's answer does not match any of the choices, the interviewer should circle the "YES" code for "OTHER" (Code 1) and record the response verbatim in the space provided, as indicated by "SPECIFY."

When the participant has finished answering the question, the interviewer should ask, "any others," and if the response is, "No," go back and circle "NO" (Code 2) for any sources **NOT** mentioned by the participant. If the participant refuses to answer the question, do not circle any codes, but write "DECLINED" in the margin or enter "-7" into Apollo.

EXAMPLE:

B. What are the main reasons you are taking hormone replacement therapy? Is it for:

	<u>YES</u>	<u>NO</u>
a. Menopause related symptoms (the change, hot flashes, vaginal dryness, sweating)	1	2
b. Depression, anxiety, or emotional distress	1	2
c. Replacement after hysterectomy or removal of ovaries	1	2

- d. Osteoporosis, or to prevent or treat bone loss 1 2
- e. Prevention of heart disease 1 2
- f. Irregular menstrual periods (spotting) 1 2
- g. Other reason (specify) 1 2 (E9)

Specify: _____

If the participant’s answer appears to overlap between two choices, probe for clarification and select the choice that best matches the appropriate response category. The type of probe may vary depending upon the objective of the question. The QxQs provide further instructions on how to probe to obtain the most accurate response. Record verbatim on the “SPECIFY” line responses that do not fit into the listed response categories.

b. Open-ended Questions

Open-ended questions do not contain the typical YES/NO or other pre-coded choices. They consist of a question followed by a space in which to record the participant’s answer verbatim. Open-ended questions require that the data collector record either the participant’s exact words or a numeric value she gives. The following example, taken from follow-up form F24/F24BEH (Alcohol, Drug Use and Sexual Behavior), illustrates this point:

EXAMPLE:

B4. How many cigarettes, on the average, do you smoke each day?

_ _ _ _	PACKS..... 1
NUMBER	CIGARETTES..... 2

In addition to recording the open-ended numeric value the participant cites for the average number of cigarettes she smokes, in this example, you will need to record whether the number cited refers to number of “packs” or number of “cigarettes.”

Some open-ended questions follow a pre-coded question. When an open-ended question follows a pre-coded question, it usually asks the participant to further qualify her response to the preceding pre-coded question (e.g., “How long?” “How much/many?” “When?” “Where?” “Specify.”).

WIHS forms always provide space to record the answer for open-ended questions. Instructions are printed in CAPITAL letters below the answer field indicating the type of value to be recorded. The example below is taken from the Screening Form (SCR); M, D, and Y below the lines indicate MONTH, DAY and YEAR, respectively.

EXAMPLE:

B3. “What is your date of birth? I need the month, day and the year”

//_
M D Y

For longer, open-ended questions which require more than one piece of data—usually where the participant is asked to provide her thoughts, feelings, etc.—use the following guidelines:

- **Be ready to write or type:**
The interviewer should start writing/typing *immediately* after the participant begins speaking in order to keep up right from the start.
- **Abbreviate:**
Use standard abbreviations. However, review the abbreviations after completion of the interview and be sure to clarify any abbreviations that may be confusing to someone else. Standard abbreviations like “DK” (don’t know), “gov’t” (government), “DECL” (declined), etc., are acceptable.
- **Ask the participant to slow down:**
People are usually flattered when they are asked to speak a little more slowly, or to repeat something, or to “wait a minute,” because the interviewer “doesn’t want to miss anything,” or wants to “get this all down.” Also, the interviewer can speak more slowly, read aloud as he/she records, or read the part of the sentence just recorded and ask the participant to complete what is not yet recorded.

When recording verbatim, the interviewer may offer encouragement by using phrases such as, “There are no right or wrong answers,” or “We’re interested in *your* opinion on this.” Remember to obtain *complete* information for each open-ended response. In the data management system, coding will be based solely on the verbatim response recorded; therefore, references to events or individuals must be clearly and fully explained. Responses such as, “Remember what I said before?” are not acceptable. It is not enough for only you, the interviewer, to understand. Since someone completely unfamiliar with the participant will be trying to make sense of the data, be sure to document everything clearly. Also, no identifiers should appear on the instruments. Names of individuals are inappropriate and should be recorded as *relationships to the participant*. For example, if the participant mentions an individual by name, probe by saying “Who is (NAME)?” or “What is (NAME)’s relationship to you?”

Sometimes the participant’s initial response will be vague and unclear. Use probes that encourage the participant to CLARIFY (e.g., “What do you mean exactly?” or “What do you mean by...?”) and SPECIFY her response (e.g., “Could you be more specific about that?” or “What in particular do you have in mind?”).

c. Dependent Questions

Dependent questions can be pre-coded or open-ended and are those that are asked of only some participants. The determination of who is to be asked the question is “dependent” upon the answer to a previous question. You will be instructed in the questionnaire by what we call a “prompt” or “skip” instruction when a question is to be omitted based on a previous response. These directives to the interviewer appear in CAPITAL letters and should never be read to the participant. (For an example of a dependent question see: “Skip Instructions,” item #2b below.)

2. INSTRUCTIONS TO THE INTERVIEWER

In addition to the questions to be asked of the participant, the questionnaire also contains instructions to the interviewer. Prompts and instructions are there to help the interviewer use the questionnaire correctly and must be followed closely. Following are some of the more common rules relating to instructions in the questionnaire.

a. Words Printed In Upper Case

The printing on the forms will appear in either UPPER CASE or lower case letters. **UPPER CASE lettering indicates that the text is instructions or guidelines for the interviewer and should NOT be read to the participant.** Material printed in lower case lettering indicates that you should read the words aloud to the participant.

b. Skip Instructions

“Skip instructions” are printed in **bold**, enclosed in parentheses or a box and located adjacent to the response code. The parenthetical skip information will either list the number of the next question the interviewer should ask, or provide a prompt within a box containing more detailed instructions.

In the following example, if the participant’s answer to question B1 is either “NO,” “DON’T KNOW” or “DECLINED,” the interviewer should skip to question B2. If the participant’s answer is “YES,” the interviewer *must* go on to the very next question, i.e., question B1a.

EXAMPLE:

B1. Are you currently pregnant?
YES..... 1
NO 2 (B2)

NOTE: QUESTION B1a IS ASKED **ONLY** IF THE PARTICIPANT ANSWERS “YES” TO QUESTION B1, AND IS THEREFORE A **DEPENDENT** QUESTION.

B1a. Have you seen a health care provider (doctor, nurse, midwife, or physician’s assistant) for this pregnancy?
YES..... 1 (B1c)
NO 2

Some sections of the instrument instruct the interviewer to skip over multiple questions, or several pages of the paper form. These instructions typically involve the use of a prompt.

EXAMPLE:

PROMPT:	IF B1c = 00, SKIP TO B19, PAGE 5 IF B1c ≥ 01, SKIP TO B4
----------------	---

When the interviewer is using paper forms, the participant may wonder why the interviewer takes more time than usual to find and ask the next question. Data collectors should familiarize themselves thoroughly with the instrument, the skip patterns and the location of various items, to avoid spending time searching for items and to minimize the participant’s concern.

In addition to prompts for dependent questions that ask the interviewer to skip over questions, there are prompts to indicate that certain questions are only to be asked annually. In such cases the interviewer will be prompted to skip certain questions during even- or odd-numbered visits. The following example is from follow-up form F21 (Sociodemographics):

EXAMPLE:

PROMPT:
IF EVEN NUMBERED VISIT (#2, #4, #6, etc.) SKIP TO B3

B1. HAND PARTICIPANT RESPONSE CARD 5.

Choose the answer that best applies to you now from the list I am going to read to you.
Are you now...

- Legally married/Common-law married 1
- Not Married, but living with a partner.....2
- Widowed3
- Divorced/or marriage annulled4
- Separated.....5
- Never married.....6
- Other7

B3. HAND PARTICIPANT RESPONSE CARD 6.

Where are you living now?

- In your own house/ apartment 1 **(PROMPT BELOW)**
- At your parent’s house.....2 **(PROMPT BELOW)**
- Someone else’s house/ apartment.....3 **(PROMPT BELOW)**
- In a rooming, boarding, or halfway house4 **(B6)**
- In a shelter/ welfare hotel5 **(B6)**
- On the street(s) beach)..... **6** **(B16)**
- Jail/ other correctional facility 7 **(PROMPT, ABOVE B7)**
- Residential drug, alcohol treatment facility 8 **(B6)**
- Other place 9 **(PROMPT BELOW)**

If this example were taking place during the participant’s second visit (or fourth, sixth, etc.), the interviewer should not ask question B1, but should instead skip to question B3. Following the prompt will ensure that question B1 is only asked annually, as intended by the WIHS researchers who designed the forms.

c. Upper Case Words In Parentheses

Throughout the forms, you will find UPPER CASE words or phrases in parentheses as part of certain questions. In these cases the interviewer is being instructed to insert the appropriate information while reading the question.

EXAMPLE:

B2. Since your (MONTH) study visit, how many times have you been pregnant? Please include all of your pregnancies regardless of outcome.

In this example (taken from form F23), the interviewer should insert the month of the participant’s last WIHS study visit where “(MONTH)” is in the question. (Usually this information is recorded on page 1 of each form.)

NOTE: Follow-up interview forms will often ask questions within the time frame since the participant's last study visit. Usually in the introduction the interviewer will specify the exact month, day and year on which the participant was last seen. After that first exact date, questions will usually be worded: "Since your (MONTH) study visit..." As instructed above, the interviewer should read the question inserting the appropriate month for "(MONTH)."

d. Lower Case Words In Parentheses

Another situation you will find is when a word or phrase appears in lower case within parentheses as part of a question. In these cases, the contents of the parentheses are descriptions or synonyms of the preceding word, or further explanations of the question. Parenthetical lower case information is intended to be read aloud to the participant, at the discretion of the interviewer.

EXAMPLE:

B18. Have you been through menopause (the change of life)?

e. Rounding Rules

There are some general rules regarding rounding numbered responses throughout the WIHS instrument. Specific instructions appear in the QxQs on a case-by-case basis. In general, the rule is to record the number of years to the nearest integer, rounding up to the nearest year a response of six months or more, and rounding down a response of less than six months. For example, a response of "one year and six months" would be recorded as "02 years"; whereas, "one year and three months" would be recorded as "01 year." It is important and helpful to read question-specific instructions in the QxQs, since some questions may ask you to be more specific than others, and may have more detailed rounding rules.

F. ENDING THE INTERVIEW

1. ASCERTAINMENT TRACKING CHECKLIST

As noted in Section C, upon completion of the interview, the interviewer must go back to obtain information about where and when certain illnesses were diagnosed. The information obtained will then be used to abstract information about the illness from medical records.

A participant is not required to consent to the abstraction of her medical record. If she does consent, however, the interviewer must be sure to obtain the proper documentation for medical release of the participant's records. Remember to follow the procedures used at your site in obtaining the proper documentation for consent.

2. REFERRAL CHECKLIST

As noted in Section C, throughout the interview there are certain responses to specific questions that necessitate a referral for services. These responses are shaded and include a prompt for referral. If the participant's answer requires a referral, the referral should occur **at the end of the interview** according to the procedures used at your site. Interviewers should note that the participant needs a referral by checking the corresponding box on the referral checklist. **The interviewer should not intervene while the interview is in progress but wait until after the interview has been completely administered.** If the participant says that she wants to get help for this problem, the interviewer should say, "Someone will be available at the end of the interview to help you, but right now we need to continue with the interview." If the participant is upset, the interviewer should be sensitive, give the participant time to regain her composure and

say, “I understand. After we finish this interview, (name of person at that site responsible for the referral) will be available to help you.” Most participants will require a referral. Be sure to familiarize yourself with your site-specific instructions for referral.

3. EDITING THE INTERVIEW

When using paper copies of the forms, upon completion of the interview, but before the participant leaves your site, take a few minutes to check over all completed interview forms for accuracy, completeness and legibility. If necessary, refer back to the QxQs to resolve any questions about the data collected.

- Be sure that all necessary questions were asked (unless a skip instruction expressly directed you to skip that question or series of questions). If you find that you have incorrectly skipped a question that asks for **factual information**, you should ask the participant for the information before she leaves your site. **NOTE: Questions related to attitude or feelings on the part of the participant may not be asked after the interview has been completed. If you did not ask an “attitude/feeling question” during the interview, be sure to code that question as “missing” before turning in the forms.**
- Check to be sure that the participant has provided consistent answers to factual questions. If there are inconsistent responses, you should try to resolve them while the participant is still on the premises. (See “Resolving Inconsistent Responses,” Section D.)
- Be sure to go back and fill in any missing words in your verbatim recording so that another staff person will be able to understand what you wrote.
- Go through the entire interview from the point of the data management and data entry staff. Are all of the responses coded clearly and correctly so that the data can be entered without having to generate an edit report? You can avoid edit reports by watching for those circumstances that seem questionable or unclear. If you notice a situation that may generate an edit report, record the clarifying information in the margin. By carefully reviewing your forms before turning them in, you will ultimately save yourself the time it takes to read an edit report, review the form in question, remember the reason for the problem, fill out the edit report and return the report to your data manager.

G. POINTS TO REMEMBER

1. FORM COPIES

A CD with a PDF copy of each WIHS follow-up form and its QxQ is supplied by WDMAC at the start of each new visit. In addition, PDF copies of all forms and QxQs are posted to the appropriate visit-specific page on the WIHS Admin web site:

<http://statepiaps.jhsph.edu/wihs/admin/visit-forms-moo/visit-forms-moo2.html>.

Site staff are responsible for providing a supply of blank forms for the interview – even if the interview is administered using Direct Data Entry (DDE), the applicable interview forms should be brought to an interview in case of computer or internet failure. If the interview is administered via paper forms, make a photocopy of the completed instrument after administration: the original copy will be sent for data entry and the additional copy will be kept on file at the site. When administering the interview using paper forms, use black ink to complete the forms (since colored ink does not always photocopy well).

2. ERRORS

When using paper forms, strike through ERRORS with a single line, and initial and date the change.

3. MARGIN NOTES

When using paper forms, provide notes in the margin and initial any responses that are not coded. For example:

- “Don’t Know” (if it is not included as a pre-coded choice)
- “Refused” or “Declined” (if it is not included as a pre-coded choice)
- Verbatim responses that do not fall into the pre-coded choices, when the “OTHER” category is not provided

4. COMPLETING OPEN-ENDED FIELDS (LEADING ZEROS)

Enter data into every field, including ZEROS and DECIMAL PLACES for numerical data.

For example: $\frac{04}{70} / \frac{05}{.0} / \frac{92}{}$

5. WHEN NOT TO USE ZERO

Do not use the value “0” (zero) unless it is an actual response. Zero should not be entered to represent missing (e.g., if participant doesn’t know or refuses, or if interviewer missed a question) data.

EXAMPLE:

B12. When was the first day of your most recent period? (**PROBE:** Please try to remember as best you can.)

$\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

If the woman answers by saying something like: “It was last month... in February... but I really couldn’t tell you the exact date,” the interviewer would record “15” for the day, since the participant has told you she doesn’t know; it would be incorrect to record “0 0,” two dashes, “-8,” “-9,” or to leave the fields blank.

6. MISSING DATA AND UNLIKELY VALUES

When using paper forms, be sure to document if any data is missing. Ideally, of course, no data should be missing; however if the interviewer mistakenly omits a question, it should be recorded in the margin. If there is no documentation, the interviewer will receive an edit report. Following are examples of how to record notes for missing data:

- “Interviewer error” (for omitted questions) or
- “Examiner error; not collected.”

Also when using paper forms, be sure to confirm unlikely, out-of-range values by entering your (interviewer/data collector’s) initials on the form in the margin next to the response. For example, if a participant says she has had 75 sinus infections requiring antibiotics in the past six months, the interviewer would confirm this, and sign her initials indicating that she recognizes the out-of-range value but that it is, in fact, correct.

7. FINAL REVIEW

When using paper forms, immediately after the data is collected, before the participant leaves and while the interview is still fresh in your mind, REVIEW the forms in detail, checking for completeness and legibility. If you discover any missing, unclear or inconsistent responses, ask the participant for clarification before she leaves.

H. INTERVIEWER TRAINER – ADDITIONAL RESPONSIBILITIES

Each site should designate a person to serve as the Interviewer Trainer (IT) for their site. Prior to WIHS V and the addition of the Southern sites, sites sent their IT designee to an additional day of training at WDMAC. For the Southern sites, however, the IT will default to the site's Project Director, unless another designee is identified by the site.

ITs provide additional functions within the WIHS including:

1. Serve as a resource to other interviewers at their site,
2. Train newly hired interviewers in the WIHS protocol and interviewing skills,
3. Hold training sessions for all interviewers and other relevant site personnel (e.g., clinicians, phlebotomists, etc.) at each new visit to review visit-specific changes to the WIHS protocol and forms, and
4. Evaluate other interviewers at their site and develop plans to improve any necessary skills.

1. SERVE AS A RESOURCE TO OTHER INTERVIEWERS

The IT should be familiar with the study forms and protocols to be able to serve as a resource to other interviewers at their site. They should use their own experience as being part of the interview process to communicate effective and creative solutions to the problems that may arise during the interview.

Resources available to ITs include Project Directors, Principal Investigators, ITs from other WIHS sites, and WDMAC staff. Please utilize these resources for clarification regarding any part of the interview process. It is also recommended that ITs utilize the Interviewer Evaluation Instrument (**see Appendix A**), QxQs, interviewer training conference calls, and human resources departments at their institution.

2. TRAIN NEW HIRES

The IT is responsible for completing the initial training and evaluation of all newly hired interviewers. Within three months of starting with the WIHS, the new interviewer should complete the Basic Interviewer Training Module (**see Appendix B**). After completion, the IT should review all answers with the new interviewer and discuss any incorrect answers (**see Appendix C**). The site should maintain a log of all completed modules.

In addition, the IT should observe and evaluate all new interviewers administering an interview with a participant six months after their initial training. After the evaluation is complete, the IT should fill out the Interviewer Evaluation Instrument (**see Appendix A**). The IT should review the completed instrument with the new interviewer, discussing noted strengths and areas for needed improvement. The site should maintain a log of all completed instruments and should inform WDMAC when new interviewers are hired and trained. Sites should provide WDMAC with the name of the new interviewer, the date of the observation, and the name of the IT who completed the observation.

As part of the initial interviewer training, the IT should cover:

a. Protocol

The IT should begin the initial training with new interviewers by providing an overview of the WIHS and its goals, a description of the cohort, site-specific procedures, and the resources available to assist them with specific questions and concerns. The IT should review the WIHS Dossier and Report with each new interviewer to demonstrate the importance of the data they will be responsible for collecting. The IT should emphasize that the role of the WIHS interviewer is to collect complete, correct, and unbiased data, and that interviewers are essential to the success and future of the study. The IT should also review the WIHS forms, QxQs, scheduling procedures, day-to-day study procedures, and participant resources with all new interviewers.

b. Interviewing

The IT should emphasize the importance of the interviewer during the interview process and participant experience. Interviewers serve many important functions in the WIHS, including representing the WIHS study to participants, helping to keep participants engaged and interested in the study, and providing data quality assurance. In addition, it is the responsibility of the IT to ensure that all new interviewers are familiar with all guidelines for conducting the in-person interview (**see Section D**).

As part of the initial training, the IT should designate time for new interviewers to observe more experienced staff administering the WIHS interview and interacting with participants. The IT should encourage new interviewers to observe how more experienced staff deal with difficult participants, interruptions, probing without introducing bias, using response cards in a natural way, and resolving inconsistent responses. The IT should allow new interviewers to “score” an interview they are observing using the Interviewer Evaluation Instrument (**see Appendix A**). After the interview is complete, the interviewer should discuss what they felt went well in the interview and what they feel should be improved upon.

Before allowing new interviewers to conduct an interview with a WIHS participant, the IT should observe them administering a full interview to a volunteer “participant” in order to assess their accuracy in interview administration and interpersonal skills.

3. TRAIN FOR THE START OF NEW VISIT WINDOWS

At the start of each WIHS visit window, the IT should become familiarized with the WIHS forms and protocols, paying close attention to any changes in order to answer any questions/concerns from staff members. They should review the visit-specific training document circulated by WDMAC and direct any questions to WDMAC staff. In addition, the IT should schedule a review session prior to each visit with interviewers and other relevant site personnel (e.g., clinicians, phlebotomists, etc.) to familiarize them with visit-specific form and protocol changes.

4. EVALUATE OTHER INTERVIEWERS

On a yearly basis, the IT is responsible for observing and evaluating all interviewers at the site. The IT should complete the Interviewer Evaluation Instrument (**see Appendix A**) and review it with the interviewer after the observation is complete. The site should keep a log of all completed instruments and should send a copy of the updated log to WDMAC (JHSPH.wdmac@jhu.edu) annually. The log should include the name of the person being observed, the date of the observation, and the name of the IT who completed the observation.

ITs should hold themselves to the highest standard in order to set an example for other interviewers in administering the WIHS interview. They should communicate their expectations clearly so that interviewers know the standard by which their performance will be assessed.

Other issues to keep in mind when evaluating interviewers include:

- Be as fair as possible in your evaluation. Do not let personal feelings influence your evaluation of an interviewer's performance.
- Do not hold people responsible for outcomes that are out of their control. For example, if an interviewer is unable to administer a complete interview because the participant was high on drugs, acknowledge that this was not her fault.
- Recognize that your interviewers may have different interview styles (e.g., maternal, friend, health care provider, etc.), but be equally effective in data collection.
- Set an agenda for the meeting during which you will give feedback. Communicate the agenda to the interviewer before the meeting. Interviewers need to know the exact standards by which their work will be evaluated.
- Give genuine praise at the beginning of the meeting. Acknowledge the interviewer's excellence in at least one aspect of administering an interview.
- Give feedback about specific behaviors and actions. Name specific areas in which the interviewer is strong, or could use some improvement.
- Ask the interviewer if she agrees with your assessment and allow her time to respond to your comments.
- At the end of the meeting, establish specific, measurable goals for the future. Let the interviewer know exactly what you expect to improve and by when you expect her to have remedied any noted problems.

The IT at each site will also need to be observed on an annual basis. Ideally, the IT should be observed by the site's Project Director. However, the Project Director can ask another interviewer at the site to complete the observation. If the IT is the site's Project Director, another interviewer at the site should complete the observation. After the IT is observed, the Interviewer Evaluation Instrument (**see Appendix A**) should be filled out, discussed, and reported to WDMAC as outlined above (**see Step 4**).

5. TECHNIQUES TO IMPROVE INTERVIEW SKILLS

ITs should document and share with interviewers any specific problems areas and suggestions for improvement. The IT should define specific goals and expectations and monitor progress being made on these goals. One way of improving interviewer skills is to encourage less experienced interviewers to sit in on interviews conducted by more experienced interviewers. Following the observation, interviewers should discuss any questions or concerns, difficulties experienced during the interview and how they were resolved, and detailed information on how and why specific questions are coded and asked in a particular way. Additionally, experienced interviewers can role-play with new interviewers, or new interviewers can observe role-playing between two more experienced staff and provide constructive feedback.

6. WDMAC OBSERVATIONS

WDMAC will complete a site visit to each WIHS site every 2-2.5 years. During the site visit, WDMAC staff observe each interviewer administering an interview to a participant. Following the site visit, WDMAC will fill out Interviewer Evaluation Instruments (**see Appendix A**) and will include them in the site visit report provided to each site, the Epidemiology Working Group, and to the NIH Program Officers. This observation will count as the interviewer's yearly observation.

RECOMMENDED READING:

1. Bernard, HR. *Social Research Methods: Qualitative and Quantitative Approaches*. Sage Publications, 2000.
2. Campbell, LB. *The Survey Kit*. Editor: Fink, A. Sage Publications, 1995.
3. Fowler, Jr. F and Mangione TW. *Standardized Survey Interviewing : Minimizing Interviewer-related Error*. Sage Publications, 1990.
4. Holstein JA, and Jaber F. *The Active Interview*. Sage Publications, 1995.
5. Martin RJ, Kephart DK, Dyer AM, Fahy J, and Kraft M. Quality Control within the Asthma Clinical Research Network. *Control Clin Trials* 2001;22:207S-221S.
6. Murphy, BC. *Interviewing in Action : Process and Practice*. Brook/Cole Publishing, 1998.
7. Picavet, HJ and Copenhagen, AN. *Health Interview Surveys: Towards International Harmonization of Methods and Instruments*. Editor deBruin,A: World Health Organization, Regional Office for Europe, 1996.
8. Schwartz N, and Sudman S. *Answering Questions : Methodology for Determining Cognitive and Communicative Processes in Survey Research*. Jossey-Bass Publishers, 1996.
9. Weisberg H, Krosnick J, and Bowen B. *An Introduction to Survey Research, Polling and Data Analysis*. Sage Publications, 1996.

APPENDIX A: INTERVIEWER EVALUATION INSTRUMENT

Name of Interviewer:

Site/subsite:

Date of Interview:

Visit Observed:

DDE or paper administration:

Observer:

Participant HIV Status:

New Interviewers should be evaluated and observed administering an interview to a WIHS participant 6 months after initial training. All interviewers should be evaluated on a yearly basis thereafter. Annual evaluations for each Interviewer should be logged at the site and a copy of the log should be sent to WDMAC (JHSPH.wdmac@jhu.edu).

Excellent	Good	Needs Improvement	I. Interview Environment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer was familiar with content and location of the WIHS Manual of Operations, especially Section 8.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer was familiar with the content and location of the Question by Question Specifications.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer was familiar with the content and location of relevant communication memos.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer did the best she could to set a comfortable environment (temperature of room is appropriate, setup of room is comfortable, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer did everything possible to minimize disruptions (placed a do not disturb sign on door, turned off telephone ringer, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer ensured that participant at least had access to water or another beverage. It is preferable if some snack is also provided.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer had all necessary forms (in order of administration), a calendar, Kleenex, and a calculator assembled before starting the interview.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer had current versions of the response cards and had them ready at the beginning of the interview.

Excellent	Good	Needs Improvement	II. Interpersonal Skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer welcomed the participant.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer attempted to make regular eye contact with the participant.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer did not sound bored.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer sounded interested in the participant's responses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer showed respect for participant, even if she was difficult or uncooperative.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer sounded confident when asking questions and probing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer exhibited a non-judgmental attitude toward the participant and refrained from making disapproving comments about the participant's response to questions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer's attitude was courteous and professional.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer thanked participant for her time and assistance at the end of the interview.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer maintains the focus of the participant and does not allow rambling.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer does not hurry the participant.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer cultivated rapport from start to finish of the interview.

Excellent	Good	Needs Improvement	III. Interview Process
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer obtained consent from participant.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Interviewer explained consent form accurately.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Interviewer emphasized importance of consent to the study.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Interviewer was not coercive to participant in the consent process.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer reminded participant of confidentiality if needed to get an honest answer.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer followed skip patterns correctly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer read questions verbatim.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer properly used response cards and photo medication cards.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer assisted participant in calculating responses to questions such as “how many times....” and finding dates, using a calculator or calendar as necessary.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer correctly pronounced the names of the AIDS-defining illnesses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer correctly pronounced the names of medications on the drug forms and read the names to the participant slowly enough so that the participant could decide if she was taking or had taken each drug.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer’s speech was clear.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer resolved all inconsistencies that arose during the course of the interview.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer followed the correct order and administration of forms.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer asked participant to wait for a minute at the end of the interview while the interviewer reviewed the forms and looked for problems.

Excellent	Good	Needs Improvement	Interview Process (cont.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer maintained a good interview pace.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer persuaded participant to continue and encouraged responses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer probed for more accurate information when necessary.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer knew when to probe.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer used neutral probes and probes indicated in the QxQs.

Interviewer strengths:

Areas in need of improvement:

IV. Acknowledgement

I have read and understand this assessment.

Interviewer signature

Date

I have adequately reviewed my assessment of the interview with the interviewer.

Observer signature

Date

V. Feedback

Excellent	Good	Needs Improvement	Observer – please complete this section after your discussion with the interviewer:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interviewer responded favorably to feedback.

APPENDIX B: BASIC INTERVIEWER TRAINING MODULE

Interviewer: _____

Date of Completion: _____

New Interviewers should complete this module within 3 months of employment. Interviewer Trainers should review the module upon its completion with the interviewer. Sites should note the date of completion in the interviewer training log and send a copy of the log to WDMAC (JHSPH.wdmac@jhu.edu).

1. List 3 reasons you would probe for clarification to a response:

- 1.) _____
- 2.) _____
- 3.) _____

2. List 4 different kinds of probes:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

3. Define non-directive or neutral probing:

4. Provide your own example of

a. Direct probing

b. Non-directive probing

5. What do you do to a form to indicate missing or unlikely data?

6. Should you change a few words of a question to help the participant understand?

7. Explain the WIHS, in three or less sentences, as you would to a participant.

8. Name 3 types of WIHS questions.

1.) _____
2.) _____
3.) _____

9. Describe 2 types of interview instructions on forms and what you should do for each.

10. Identify all materials you should have before the interview begins.

11. Describe 3 steps to ending an interview.

APPENDIX C: BASIC INTERVIEWER TRAINING MODULE – ANSWER KEY

12. List 3 reasons you would probe for clarification to a response:
 - a. Misunderstanding participant response
 - b. Participant is having trouble remembering events
 - c. Participant responds “Don’t Know” to a question

2. List 4 different kinds of probes:
 - a. Pause – the silent probe
 - b. An expression or phrase of interest or understanding
 - c. Repeat the question
 - d. Repeat the participant’s reply
 - e. Use neutral questions or comments
 - Probes to clarify (What do you mean...)
 - Probes for specificity (Tell me more...)
 - Probes for generality (Generally, Best guess...)
 - Probes for relevance (Let me ask you again...)
 - Probes for completeness (Anything else...)
 - f. Help the participant to narrow down ranges

3. Define non-directive or neutral probing:
Any probes that are used to stimulate a thoughtful response or
discussion without suggesting possible answers. It does not
suggest a particular mood or emotion. This type of probing does
not change the frame of reference of the question, indicate that
one answer is expected over another or one answer is more
socially acceptable than another. The probe should motivate the
participant to meet the question objective.

4. Provide your own example of:
 - a. Direct probing
 - b. Non-directive or neutral probing

5. What do you do to a form to indicate missing or unlikely data?
Write notes in the margin and initial, Interviewer or Examiner
Error in the margin, confirm unlikely data by writing answer
again and initials

6. Should you change a few words of a question to help the participant understand? NO.

7. Explain the WIHS, in three or less sentences, as you would to a participant.

8. Name 3 types of WIHS questions.
 - a. Pre-coded
 - b. Pre-coded "Mentioned/Not Mentioned"
 - c. Open-ended
 - d. Dependent

9. Describe 2 types of interview instructions on forms and what you should do for each.
 - a. Words printed in Upper Case – instructions for interviewer should not be read aloud
 - b. Skip – bolded, enclosed in parentheses or a box and adjacent to the response code
 - c. Lower case words in parentheses – description or synonym of the preceding word to further explain the question; should be read at discretion of interviewer

10. Identify all materials you should have before the interview begins.

A paper copy of all necessary forms including referral checklist and ATC, Response cards,

Photo Med cards, List of referrals, QxQs, Two black pens, Calendar, Calculator, Water (cup), Kleenex, Lab coat or professional attire, an extra pad of paper

11. Describe 3 steps to ending an interview.

Completion of ATC if given consent for medical abstraction, Complete and conduct referral checklist, Edit the interview forms (if using paper), Photocopy the forms (if using paper), Obtain consent for medical abstraction, Thank the participant

APPENDIX D: INSTRUCTIONS FOR DATA ENTRY OF F22MED AND DRUG FORMS

The F22MED and related drug forms, DRUG2 and DRUG3, may be entered using direct data entry (DDE) during an interview. As the DRUG questionnaires are administered in the midst of F22MED, WDMAC has included a hyperlink for each related drug form within the F22MED. The hyperlink will open the related drug form in a new browser tab. After you have entered and saved the record(s) in the new tab, close the tab (using the “X” located to the right of the tab name) and continue entering F22MED.

Specific steps:

1. From the Apollo “Data Menu,” select “Direct Data Entry (DDE)” and click on the “submit” button.
If entering forms that have been completed on paper, select “Paper Form Data Entry.” The rest of the following instructions will be the same, except that you will not select an entry sequence in Step #2.
2. After entering WIHSID, visit number, and the appropriate sequence, select “F22MED” and click on the “submit” button.
Alternatively, after entry of the prior form in data entry sequence (e.g., F22HX for baseline sequence, ADF for 1st follow-up sequence, or ADF02 for follow-up sequence), the F22MED form will appear in your browser window when you click the “next form” button.
3. Begin entry of F22MED. If the participant is taking antiretroviral medications, enter subform S3 for each antiretroviral medication used. **Make sure to click on the “submit data” button after entry of each subform.** When complete, click the “go to main form” button to go back to the F22MED main form.
4. If the participant is taking OI prophylaxis medications, enter subform S4 for each OI prophylaxis medication used. **Make sure to click on the “submit data” button after entry of each subform.** When complete, click the “go to main form” button to go back to the F22MED main form.
5. If the participant is taking OI prophylaxis medications, click on the hyperlink for the “DRUG2” form. A new browser tab will open. Enter data on the DRUG2 form. **Click on the “submit data” button after entry of each DRUG2 form.** If you have multiple DRUG2 forms to complete, click on the “enter another record” button to advance to the next DRUG2 form. When done entering DRUG2 forms, close the browser tab containing the DRUG2 form. This will bring you back to the F22MED entry screen.
6. If the participant is taking Hepatitis B or C medications, enter subform S9 for HBV/HCV medication use. **Make sure to click on the “submit data” button after entry of each subform.** When complete, click the “go to main form” button to go back to the F22MED main form.
7. If the participant is taking Hepatitis B or C medications, click on the hyperlink for the “DRUG3” form. A new browser tab will open. Enter data on the DRUG3 form. **Click on the “submit data” button after entry of each DRUG3 form.** If you have multiple DRUG3 forms to complete, click on the “enter another record” button to advance to the next DRUG3 form. When done entering DRUG3 forms, close browser tab containing the DRUG3 form. This will bring you back to the F22MED entry screen. Continue entering data on the F22MED form.
8. If the participant is taking any other prescription medications, enter subform S6. If the participant has not brought medication bottles or a list of medications to her visit, it may be helpful to write down the medications on a piece of scrap paper before entering into Apollo in order to keep from repeating or forgetting any medications. **Click on the “submit data” button after entry of each**

subform. When complete, click the “go to main form” button to go back to the F22MED main form.

9. If the participant is taking any alternative/complementary medications, enter subform S5. Again, if the participant has not brought bottles or a list to her visit, it may be helpful to write down the medications on a piece of scrap paper before entry. **Click on the “submit data” button after entry of each subform.** When complete, click the “go to main form” button to go back to the F22MED main form.

10. After completing entry of the F22MED form, click the “submit data” button.

11. Click on the “next form” button to advance to the next form in the interview sequence.

PLEASE NOTE:

- Questions on F22MED regarding the number of medications entered in each subform (B2d, C1d, etc.) will need to be completed. This may be easier to do after entry of the subform records.
- Some of the “standard” error messages you are used to seeing when trying to leave a page (e.g., “Form data not submitted”) may no longer appear. We are trying to fix this. However, in order to ensure you don’t lose any data, ensure you click the “submit data” button after completing each form.
- WDMAC suggests you run the “Medications Across Forms Report” after completion of the interview to ensure that ARV medications have been reported consistently across the F22MEDs3 and F29a forms. This report has been updated to also include consistency checks between F22MEDs4 and DRUG2, and F22MEDs9 and DRUG3.
- If you are administering F22MED on **paper**, you will need to print the F22MEDs3 subform separately. Please print as many copies of F22MEDs3 as drugs the participant is taking.