

Preliminary questionnaire about your centre

Office use only	Centre code:
BHIVA secretariat: Retain this page, send other pages and Patient Summary Sheets to data entry bureau.	999000

Section A: Identifying information

Please complete this page either by hand or by using clinic address sticker or stamp.

Question:

- A1 Name of BHIVA Audit Liaison person for your centre:
- A2 Job title:
- A3 Department/unit:
- A4 Hospital or trust:
- A5 Address:
-
- A6 Town/city:
- A7 Postcode:
- A8 Telephone: Fax: Email:
- A9 Local primary care trust, health authority or board:
- A10 Does your department/unit offer adult out-patient HIV care?
 Yes, we offer such care
 No, we do not offer adult HIV out-patient care

If you answered YES to question A10, then please continue to complete the questionnaire. If NO, we apologise for taking up your time and will remove your unit from our list.

Regardless of your answer, PLEASE RETURN THE QUESTIONNAIRE.

- A11 Please tick this box if you are NOT willing for your centre to appear on a published list of centres taking part in this audit.
- A12 Please tick this box if you are NOT willing for your data to be released to your regional audit group for local analysis, identified by your centre code only.

Signature:

Office use only:
B <input type="checkbox"/> E <input type="checkbox"/> PF <input type="checkbox"/> <input type="checkbox"/>

Please give details of consultants whose patients have been included in audit data submitted with this form, and other clinical staff who have contributed significantly to the conduct of the audit (continue overleaf if necessary).

This is to enable BHIVA to provide individual certificates of audit participation.

1. Name:

Job title:

Address if different from that given on page 2:
.....

2. Name:

Job title:

Address if different from that given on page 2:
.....

3. Name:

Job title:

Address if different from that given on page 2:
.....

4. Name:

Job title:

Address if different from that given on page 2:
.....

Please use this page for additional details of participants, if necessary. Please do NOT use it for additional responses to any other questions.

5. Name:
Job title:
Address if different from that given on page 2:
.....

6. Name:
Job title:
Address if different from that given on page 2:
.....

7. Name:
Job title:
Address if different from that given on page 2:
.....

8. Name:
Job title:
Address if different from that given on page 2:
.....

Centre code:

999000

Section B: Profile of participating centre

Question:

- B1 Is the centre located:
 In NHS London region Outside NHS London region Don't know
- B2 How many patients are currently receiving care for HIV at your centre?
 1-50 51-100 101-200 201-500 501+ Don't know
- B3 How has the number of patients receiving care for HIV at your centre changed over the past year?
 Down/same Up 0-5% Up 5-10% Up 10-15% Up >15%
- B4 Please estimate the percentage of patients at your centre achieving undetectable HIV viral load (<50 copies/ml) within six months of first starting anti-retroviral therapy:
 <80% 80-90% >90% Cannot estimate
- B5 Are there any restrictions on the range of anti-retroviral drugs you are able to prescribe?
 No Not sure Yes, NOT able to prescribe following drugs/agents:

-
- B6 Please enter the actual number of HIV patients who have attended your centre for care at least once in the past six months. This is optional but enables us to estimate the proportion of the UK HIV population covered by the audit:

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Section C: Case note reviews

**Instructions for reviewing patient case notes
Cohort of patients starting therapy from naïve**

Please complete one of the attached patient summary sheets for each HIV patient aged over 15 who starts anti-retroviral therapy for the first time at your clinical centre between 1 April and 30 September 2006, up to a maximum of 25 patients.

Please ensure the patient's DOB and clinic number (or other identifier) is entered on the patient logging sheet (page 2 of this questionnaire), against the number corresponding to the patient code number at the top right of the patient summary sheet.

Please do NOT complete a patient summary sheet for:

- Patients who have previously taken anti-retroviral therapy for any reason.
- Patients under 15 years old.
- Patients who start anti-retroviral therapy before 1 April 2006.
- Patients who start anti-retroviral therapy after 30 September 2006.

- C1 Please enter the number of patients who started therapy reviewed here (max. 25):

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Please send your completed patient summary sheets with the main part of the questionnaire to:

British HIV Association (Audit)
Mediscript Ltd
1 Mountview Court
310 Friern Barnet Lane
London N20 0LD

Q10 Please tick all antiretroviral (ART) drugs in the initial combination prescribed:

- a Abacavir Atazanavir Didanosine Emtricitabine Efavirenz Fosamprenavir
 Indinavir Lamivudine Lopinavir Nelfinavir Nevirapine
 Ritonavir (boosting dose) Ritonavir (full dose) Saquinavir Stavudine Tenofovir
 Zidovudine Others, please state:

b Were any of the following fixed dose combinations prescribed (please also tick individual drugs above)?

- Combivir Trizivir Truvada Kivexa

c How many times a day are ART drugs being taken? 1 2 3 Not clear

Q11 Does the patient's HIV show primary (key) resistant mutations to HIV drugs?

- Yes, resistance found to following drug classes: NRTI NNRTI PI
 Has been tested, no resistance found Has been tested, results not available
 Has not been tested Not known whether tested

Q12 Why was this drug combination chosen for this patient - please tick all that apply?

- Clinic protocol Physician preference Patient preference Potency Tolerability
 Adverse effect profile HIV drug resistance Ease of adherence Pregnancy
 *Cardiovascular risk factors *Specific contra-indications to other drugs *Clinical trial
 *Psychiatric status *Prescribing restrictions Cost Reasons unclear *Other

*If you ticked any of the reasons marked with an asterisk, please give more information below:

.....
.....
.....

Q13 Please tick this box if you have any other comments to make about this patient, eg factors which may affect his/her response to therapy, and then write in the space below. NB your comments may not be read if the box is not ticked.

.....
.....
.....

999013

Follow-up of outcomes

Patient code for scanning. Please do NOT alter this box:

999013

Patient summary sheet B

This is a FOLLOW-UP audit of a cohort of patients who started antiretroviral therapy (ART) for the first time between 1 April and 30 September 2006. Please identify the patient which your centre entered, with the audit code number given above right. If in doubt, contact Hilary Curtis, 020 7624 2148 hilary@regordane.net.

Question

Q1 Please tick the appropriate box to describe your centre's current relationship with this patient

- Patient is receiving continuing care at this centre - please complete the remaining questions
- *Patient has transferred to another centre
- *Patient has stopped attending and is not known to be receiving care elsewhere
- *This patient has died
- *We cannot trace this patient from the audit code given

**If you ticked one of these answers you do not need to complete the remaining questions but PLEASE RETURN THE FORM.*

Q2 To verify the identity of this patient, please reconfirm his/her sex, ethnic group and date of first starting antiretroviral therapy (ART):

a Male Female White Black-African Other Not known (NK)

b Date of first starting ART (date of prescribing):

d	d	m	m	y	y

Key outcome assessment:

Q3 Please identify HIV viral load (VL) tests for which samples were taken between 5 and 12 months after the date of prescribing given in Q2b above. If more than one VL sample was taken during this period, select the one taken closest to the six month time-point.

On what date was this sample taken?

d	d	m	m	y	y

Q4 What was the result of this VL test in copies/ml?

- 50 or less (undetectable) 51-500 501-1000 1001-5,000 5001-10,000
- 10,001-50,000 50,001-100,000 Greater than 100,000

Supplementary questions:

Q5 Please tick all ART drugs the patient was taking at the time of the above VL test:

- a Abacavir Atazanavir Didanosine Emtricitabine Efavirenz Fosamprenavir
- Indinavir Lamivudine Lopinavir Nelfinavir Nevirapine
- Ritonavir (boosting dose) Ritonavir (full dose) Saquinavir Stavudine Tenofovir
- Zidovudine Others, please state:

b Were any of the following fixed dose combinations being taken (please also tick individual drugs above)?

- Combivir Trizivir Truvada Kivexa

c How many times a day were ART drugs being taken? 1 2 3 Not clear

Q6 If the patient had changed, stopped or added any ART drugs since starting therapy, please say why (tick all that apply):

- N/A - ART unchanged Patient choice Virological failure Adherence issues
 Minor toxicity/intolerability Significant adverse event(s), please describe below:
 Start of pregnancy End of pregnancy Other reasons, please describe below:
-

Q7 How would you describe this patient's adherence to his/her ART therapy?

- No known adherence issues Some adherence issues or problems
 Substantial problems with adherence Not known

Q8 Has this patient experienced any NEW non-ART related clinical symptoms/events since starting ART?

- Yes, please describe below No Not known
-

Q9 When was the FIRST VL test after starting treatment (ie first date after that given in Q2b above)?

d	d	m	m	y	y

Q10 How many times were samples taken for VL testing during the first SIX months after starting treatment?

- 0 1 2 3 More than 3 Not clear

Q11 How many times were samples taken for CD4 lymphocyte testing during the first SIX months after starting treatment?

- 0 1 2 3 More than 3 Not clear

What was the result of the CD4 count taken between 5 and 12 months that was taken nearest to the 6 month time point?

- 0-50 51-100 101-150 151-200 201-250 251-350 351-500 >500 NK

Q12 Please tick this box if you have any other comments you wish to make about this patient, and then write in the space below. NB your comments may not be read if the box is not ticked.
