

### HIV MY-SCOPE3 Coder Summary Sheet

Coder Initials:

JW

Date Coding Initiated:

5/2/14

Session Coded:

WSU002

Date Coding Completed:

5/2/14

HCP Coded:

HCP7 (DR)

Time Spent Coding PT:

25 min

Timestamp (start – finish):

31:12 - 44:17

Time Spent Coding HCP:

35 min

#### Coder Impressions and Comments:

Compared to other sessions I have coded, this session was

easier to code.

harder to code.

about the same.

Please explain:

**Data Entry:**

Enterer's Initials: \_\_\_\_\_

Date Entry Complete: \_\_\_\_\_

00:31:12.6 HCP7 Hi.

00:31:12.9 HCP6 Hey.

00:31:13.5 HCP7 (Oh. We have recorder set up. ①HCP-to-HCP)

00:31:15.3 HCP6 Yes.)

00:31:15.3 HCP7 (Okay. Hi, how are you doing?) ①OOQO

00:31:16.3 PT How are you doing? I didn't see you last time HUPC

00:31:17.7 HCP7 (So, can I borrow him for two seconds? ①HCP-to-HCP)

00:31:20.1 HCP6 Yes, you're fine.)

00:31:20.4 HCP7 (Because we were going to talk about starting meds. Okay, I think we talked it last time, but then ... ①OCS)

00:31:25.4 PT Yes.

00:31:25.4 HCP7 ... you would come back today to see if you would, you know, were on board with all that. Okay.)

00:31:30.2 HCP6 (Okay. So I'll be back.) ①SD

00:31:31.7 HCP7 (Okay. I know, everyone wants to talk to you about therapies and stuff. You know, it'll actually be good, because um, when you're on studies, we get you, um, we can get you transportation and stuff, too. But we'll get you here one way or the other. So, um, since you were here, I understand, like, there's not a huge change; same sort of things that were going on last time. Is that – that sound correct to you? ①ADV-  
②Ginfo-  
③CQEF)

00:31:58.5 PT Um, uh, yes. It just got, like, worse. CML-

00:32:03.7 HCP7 (In what way?) ①OQECML-

00:32:05.0 PT Like, like, the way I feel about the situation.

00:32:09.9 HCP7 Yes. ] CHT-

00:32:10.0 PT Like, I'm trying to be strong about it, but it's, it's hard. I'm [00:32:15.4].

00:32:15.2 HCP7 (So you think you were coping better when you first heard; and now that you've had time to think about it ... ①RCML-5)

00:32:20.0 PT I mean ...

00:32:20.3 HCP7 ... it's a little more ...

00:32:20.3 PT ... I do kind of feel better that I did tell my mom.

00:32:22.8 HCP7 <sup>①</sup>(Good.) OAF-L

00:32:23.5 PT Because, I told her last night. CML+

00:32:24.1 HCP7 <sup>①</sup>(I'm happy to hear that. Yes.) OGO

00:32:25.7 PT And she said she was here for me. So ...

00:32:27.2 HCP7 Okay. Great. CHT+

00:32:28.5 PT That does make me feel better. That's all I'm concerned about.

00:32:31.3 HCP7 <sup>①</sup>(Do you want to bring her in one time with you so she can ...) COTB~

00:32:33.5 PT My mom? HUPHIV

00:32:33.9 HCP7 <sup>①</sup>(Meet us? Yes.) COTB~  
② Ginfo

00:32:35.0 PT Yes, I'll bring her in one time. CML+

00:32:35.8 HCP7 <sup>①</sup>(You know, that would, that would be fine; and we'll still talk to you separately, and with her; but she may have questions and such. So, the big question is starting meds. We'd like to get you started. There was a little bit of resistance to some of the meds, but we would still be able to start that one pill once a day that we talked about. Your viral load was not too high so you can start that Complera if you are interested.) Ginfo+  
② Ginfo-  
③ ADV+

00:33:02.3 PT What do you mean by that? HUPHIV

00:33:03.5 HCP7 <sup>①</sup>(It's one pill once a day, and it has three medications in it. So it's easier to take. That's the one that we discussed last time ...) Ginfo+

00:33:10.6 PT [00:33:10.6] That's for my HIV? HUPHIV

00:33:10.6 HCP7 ... that you only take once a day. Yes. continue Ginfo

00:33:12.6 PT Okay.

00:33:13.0 HCP7 Yes, and you'd take it once a day with food. continue Ginfo

00:33:16.2 PT With food? HUPHIV

- 00:33:16.8 HCP7 ① Yes. You have to eat with it so it's absorbed well. ① Ginfo
- 00:33:19.3 PT Okay. ② warn
- 00:33:19.6 HCP7 And it has less side effects than some of the other meds, so we'd like to start with that, if we can. But the big thing is, you have to remember to take it every day so you don't get resistance; because you already have resistance to a few of the medications. Like, I'll show you for example, this is a list of the various meds. ③ Ginfo-
- 00:33:38.4 PT That I would have to take.? HUPHIV
- 00:33:38.7 HCP7 ① (And S means – no. These are the meds that you could take, that you're sensitive to. But the Rs mean you're resistant. Usually when people first get infected, it's all S's; but you inherited some resistance. Now, we don't usually use these meds so much anymore; but it just makes us nervous that your virus is resistant to a couple of things. So we want to get you started and under control.) ① Ginfo+
- 00:34:04.1 PT So what, what does that mean? Like ... HUPHIV
- 00:34:05.8 HCP7 ① It means that you couldn't take those meds where it says R. It means that the virus is resistant to those. And ... ① Ginfo+
- 00:34:13.4 PT Okay. I'm allergic to it or something.? HUPHIV
- 00:34:15.4 HCP7 ① (No. No. Resistant means it wouldn't work ... ① Ginfo
- 00:34:18.6 PT Oh.
- 00:34:18.8 HCP7 ... for you. So, the thing with HIV is that, if you don't take the meds every day, that the virus can get resistant, and it – and the meds don't work. So that's why we bug you so much: Did you take it? Did you take it? Did you take it?)
- 00:34:36.9 PT I, I [00:34:37.5] not coded
- 00:34:37.5 HCP7 ① We want to make sure that you take it every day. And then, like, what happens sometimes is, people will come in in a month and say, oh, I took it about half the time. And then, like, you get to watch us cry; because that, it doesn't work like that. ① Ginfo+
- 00:34:50.8 PT Well, you've got to take medicine or, two days later, that's it, you're going to be gone. You've got to do it every day. HUPHIV
- 00:34:55.5 HCP7 ① You've got to do it every day. Some things you wouldn't – like, if you ① PDS  
② Ginfo  
③ ADV-  
④ CQEF

had high blood pressure, and you're taking meds, you're supposed to take it every day; but you wouldn't get resistant to it. It would still work if you took it every day [sic]. But HIV, the virus, um, changes to adapt if let it, um, if you let it grow in your bloodstream. So if it gets, if it grows, it can be resistant; and it sees the meds, and then it adapts to them. So we don't want, want you to let it adapt. Keep the virus down here. (Make sense?)

- 00:35:32.0 PT Yes, and I guess the lady from the lab, I guess she said it was high? HUPHIV
- 00:35:37.1 HCP7 (1) It's not real high. It's, um, for, for someone not on meds, you're at 36,000. That's not – that's – you know, once you're on meds ... (1) GInfor
- 00:35:47.5 PT I thought it was high. (1) HUPHIV
- 00:35:47.7 HCP7 ... that's going to go less than 20, once you're on meds. (1) continue GInfor
- 00:35:49.8 PT So does that tell you when I got it, or ...? HUPHIV
- 00:35:52.3 HCP7 (1) No. But when we said that it's high, if this was 236,000, we'd say that was high. This is – you know, there's virus in your blood; but I think that, once you start medicine, it's going to go down very easily. Within a couple of months, it will be down to less than 20; maybe even a couple of weeks. And ... (1) GInfor
- 00:36:13.6 PT But I will never get rid of it? HUPHIV
- 00:36:15.7 HCP7 (1) (Um, never is a long time; and we don't know what's going to be invented. Like, you know, when I started doing this work, there were no meds. So, things change, right? You know, so, we don't know when there's going to be a cure. We, we do know that it's really important to treat it; because it's treatable now. So it would be very good to stay on the med every day. And so maybe when you're 30, there's going to be a cure; and then you'll be in good shape to get it. Okay?) (1) GInfor (2) ADV+ (3) CQEF
- 00:36:47.3 PT Okay. Thank you. LUP
- 00:36:47.9 HCP7 (1) So, you know, and maybe when you're 60 there'll be the cure. We don't know when ... (1) GInfor
- 00:36:50.6 PT I don't know if I'll even make it to 60. CHT-
- 00:36:53.2 HCP7 (1) Why wouldn't you make it to 60? (1) CQECHT-
- 00:36:54.5 PT I've got HIV. I don't – I don't even think I'm ... CHT-

00:36:57.2 HCP7 H-I ... *not coded*

00:36:57.2 PT ... going to make it to my 21<sup>st</sup> birthday. *CHT-*

00:36:59.5 HCP7 *①* (Well, there should be no reason having to do with HIV that you don't make it to 60; because what I'm going to say is, it's not 1980 anymore. There's treatment for this. So you take the pills, and it treats it; keeps the virus low in your blood, and your immune system stays normal. So you're just like anyone else, as long as you stay on your meds. Does that make sense? Just – you've got to say that to yourself every morning when you get up. If I take this, I'm going to be fine, *②* because it's true. People – if people die from HIV now, it's because they choose not to take their meds. Uh, and you should say, why would anyone do that? I don't know. But some people don't take their meds. But those are the only people who get AIDS. No one who takes their meds every day should get sick.) *③ ADV- ④ Ginfo+*

00:37:46.3 PT So, it should turn into – my HIV could turn into AIDS? *HUPHIV*

00:37:49.4 HCP7 *①* (If you don't take your meds, *②* But are you going to take your meds?) *① Ginfo+ ② CQEF+*

00:37:52.3 PT Yes. I'm going to. Yes. *CML+*

00:37:52.4 HCP7 *①* (Yes So, so you're not getting AIDS, Okay?) *① CML+ ② CQEF*

00:37:55.5 PT [00:37:55.5] *not coded*

00:37:56.0 HCP7 *①* (You're not getting AIDS. Okay? You can't have that. You only get AIDS if you let the virus get high and it kills your T-cells. If you take your meds, and the virus doesn't get high in your blood, and it doesn't kill your T-cells, you're fine. Make sense?) *① ADV- ② Ginfo+ ③ CQEF*

00:38:16.9 PT Mm-hmm. *HUPHIV*

00:38:17.0 HCP7 *①* (Now, we've got to work on your nose, too, because you do have that allergic nose. Did we do allergy test?) *① CQO*

00:38:23.9 PT You said something about some, some spray stuff. I don't know. *HUPU*

00:38:27.1 HCP7 *①* (Yes. Did you get that?) *① C&U*

00:38:28.5 PT No. I never got [00:38:30.1]. *HUPU*

00:38:29.4 HCP7 *①* (Because we sent it in. Um, what pharmacy did you give the front desk?) *① CQO*



00:38:34.0 PT Um, didn't you all say you were going to send it to my address? HUPU  
00:38:37.1 HCP7 (Mm, so, we send it to MedCard, and they were going to deliver.) 050  
00:38:41.2 PT I don't know. I could, I, I was waiting, but I didn't, didn't ever come in the mail. HUPU

00:38:45.7 HCP7 (Okay. While you're doing the study I'm going to find out about that, because it should come, be delivered to your house; because I can hear you breathing. That means that you have an allergic nose. You need [00:38:56.6].) 050

00:38:57.1 PT But I can breathe by my nose, but I'm guessing I still breathe loud ...

00:39:00.9 HCP7 Yes. HUPU

00:39:01.1 PT ... when I breathe by my nose.

00:39:01.9 HCP7 (Yes. You do. Yes. I can hear you, yes.) 050

00:39:04.3 PT It's so irritating. HUPU

00:39:05.7 HCP7 (Well, I's, you know, it, it's just, um, a lot nicer if you could actually breathe through your nose and not, you know, have problems.) 050

00:39:14.3 HCP2 (Could help you to sleep, too.) 050

00:39:15.1 HCP7 (Yes. - 050  
060 55  
02 C60  
That's what the problem is. It's not - you don't have sleep apnea. You have a nose that's blocked. So if you could get the swelling down, you'd be fine. Um, we won't do allergy test today, because there's too much going on. We're going to wait until things settle, and you come back for your blood test; and we'll do that. Okay? Did you get your flu shot last time?)

00:39:37.6 PT No. HUPU

00:39:38.7 HCP7 (So we'll do that today. That's one thing that's important. But let me, um, that nose is, uh, it's almost blocked; so we're going to get the mailed straight to your house. Let me see how you sound. But you don't get asthma.) 0600

00:39:51.5 PT I think I've got, I think I've got asthma, bronchitis. I don't know which one. HUPU

00:39:56.2 HCP7 (When's the last time you had an attack?) 0600

00:39:58.7 PT An asthma attack? HUPU

00:39:59.4 HCP7 (Yes.) @50

00:40:00.6 PT I don't think I've ever had one. HUPU

00:40:02.0 HCP7 (Okay. Do you, um ... not coded)

00:40:02.6 PT But I, I did used to have [00:40:04.0]. HUPU

00:40:04.5 HCP7 (Did you used to use an inhaler for your breathing?) @ CQC

00:40:06.9 PT Mm-hmm. HUPU

00:40:07.0 HCP7 (How long ago?) @ CQC

00:40:08.4 PT It was about [00:40:10.7] no. I didn't use an inhaler. I used a breathing machine. HUPU

00:40:13.7 HCP7 (Okay. Okay. So you were younger.) @ ROS

00:40:15.6 PT Mm-hmm. LUP

00:40:16.4 HCP7 (And how long ago did you use that?) @ CQC

00:40:18.8 PT I had to be about eight, nine. HUPU

00:40:22.3 HCP7 (Okay. We're going to get you back in here. We're going to take care of the medicine today. We're going to get you back in here, like, The first week of January; and when you're back for, um, to have your blood checked to make sure the medicine's working well, we're going to do a skin test and see what you're allergic to, and see if we can get that nose under control, as long as you're here. You might as well get two for one, right?) @55 @ CQC

00:40:43.2 PT Yes. HUPU

00:40:43.2 HCP7 (So, we'll see how you sound. Deep breath. So, I forgot. You were, like the extreme preemie with all the ... @55

00:41:03.3 PT Yes.

00:41:03.2 HCP7 You can almost connect the dots and make a picture back there.)

00:41:05.4 PT Yes. — 7 HUPU



00:41:08.2 HCP7 ① Yes, on my arms. ] 050  
00:41:16.0 PT (I know. On your arms from, uh, yes, but they healed nicely, you know. I bet your mom didn't expect you to grow this tall.)  
00:41:17.7 HCP7 Yes. HUPO  
00:41:18.1 PT I wasn't supposed to be here. ]  
00:41:19.9 HCP7 ① (Yes. You weren't quite the size of -) 050  
00:41:23.1 PT Yes. Mom said I was, like, my head was the size of a, a quarter. HUPO  
00:41:27.2 HCP7 ① (Like this. Yes. But look at you now. You're going to be fine. We took care of you then. We'll take care of you now. Okay? -) 05LP  
00:41:35.8 PT Thank you. LUP  
00:41:36.4 HCP7 ① (So, and we'll take care of that nose, too; because that's going to be more annoying than your HIV, I promise.) 050  
00:41:41.7 PT Yes. [00:41:42.2] it's very annoying HUPO  
00:41:42.2 HCP7 ① (And we'll take care of that, too.) 050  
00:41:44.8 PT Okay. Thank you. LUP  
00:41:44.8 HCP7 ① (We'll take care of all this. We've got two shots for you today. We've got the flu, and - oh, most important thing: Did you ever get treated for syphilis?) 050  
00:41:54.0 PT No, but the lab, the, uh, the lady - I [00:41:56.7] I really don't know. CML-  
00:41:58.3 HCP7 ① (Who called you?) 050  
00:41:59.2 PT Some lady from the lab, but she told me I had [00:42:01.3] ... HUPO  
00:42:01.3 HCP7 ① (She [00:42:01.3] from, from the state. Okay. Yes. Yes.) 050  
00:42:03.8 PT She, she told me I had syphilis. HUPO  
00:42:05.4 HCP7 ① (So we're going to treat you today. Sorry, that's going to be worse than) ① ADV- ② Info-  
...  
00:42:10.6 PT [00:42:10.6] what do you mean? what happens? HUPO

00:42:10.6 HCP7 ① (... you know, because we – well, because it's, it, they, the shots hurt. ② ADV- ③ CQTBW  
But, um, we have to treat you three weeks in a row. So we're going to see you for a while. How are we going to do – okay? We'll give you the first shot today. We'll talk, okay? I'm going to go get – I'm going to order the shots. It's penicillin. ④ You have any allergies to drugs?)

00:42:31.7 PT What do you mean drugs? HUPU

00:42:33.2 HCP7 ① (Um, are you allergic to anything, that you can't take?) ① CQTBW

00:42:35.8 PT Not that I know of. HUPU

00:42:36.2 HCP7 ① (No. Okay. Excellent.) ① SO

00:42:37.7 PT I would like to find out what I'm allergic to, though. HUPU

00:42:40.1 HCP7 ① (Yes. We'll do the – there are different types of allergies, but we're going to test for things in the air that would be causing the nose problem next time we see you. But for the, for the syphilis, we only worry about penicillin allergies. So if you haven't had that problem, you're good.) ② (We're going to give you a shot, each side of your behind, today; and then again next week and the week after.) ① Ginfo+ ② ADV-

00:43:02.7 PT Oh my God. HUPU

00:43:03.2 HCP7 ① (You – because you, um, were exposed to syphilis at some point, um ① Ginfo+ ② CQTBW  
when you had – you had sex with someone who had syphilis, and you didn't know it; and it's in your blood. So we have to treat it; and we'll get rid of it, okay? That's curable. But we have to do three times, because we don't have a previous test. ③ (Okay? Sorry, kiddo.)

00:43:23.6 PT Okay. That's okay. Thank you. HUPU

00:43:24.9 HCP7 ① (So, there'll be needles involved today.) ① SO

00:43:26.8 PT Better for me to know the truth than just wondering. CHT+

00:43:28.5 HCP7 ① (Yes. Well, and we're, and better to know the truth so we can fix it. So) ① PRCHT+C  
...

00:43:32.9 PT Thank you. LUP+

00:43:33.6 HCP7 ① (Yes.) ① SO

00:43:34.9 PT Excuse me. HUPU

00:43:35.2 HCP7 (You all right? Okay. We'll be back. 0C60 050

00:43:37.6 PT I'm lightheaded. HUPU

00:43:38.8 HCP7 (Yes. I, uh, after that news, I don't blame you. Because – it hurts a little bit, but you'll be okay. It's not – you know, you'll feel better once you get on medication and once you get treated for the syphilis. All right? Okay.) 0SLIP 0C6EF

00:43:51.0 PT Thank you. WPT

00:43:51.5 HCP7 (So, you're going to – we'll be back in a bit, because I'm going to find out about that medicine, and I'm going to send [Sharnell] to talk to you ... 050 0EA

00:43:57.9 PT Okay. Thank you. I appreciate it. HUPU

00:43:59.5 HCP7 ... about this study. So, you take it easy. continue 50

00:44:03.1 PT Okay.

00:44:03.5 HCP7 And I'll come back at the end and see if you have other questions; and I think Nikki wants to meet you, our psychologist. But ...

00:44:09.4 PT I think ...

00:44:09.4 HCP7 ... you know, you don't have to do everything in one day. We'll see, you know.)

00:44:12.3 PT That's okay. She can ... HUPU

00:44:13.3 HCP7 (She can come in? Good. Okay.) 0C60

00:44:16.1 PT Thank you. WPT

00:44:16.8 HCP7 (Sure. Take care.) 050

00:44:17.5 PT Okay. All right. WPT

00:44:20.9 - 00:44:51.3 BREAK IN CLINICAL INTERACTION

00:44:51.3 Unidentified speaker All right. I'm going to stop ...