

APPENDIX D
TELEPHONE SCREENER

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RWHAP TELEPHONE SCREENER (15 MINUTES)

Telephone Screener Questions for Study Participation

Screening question	Terminate recruitment	Continue recruiting for site visit
1. We have you listed as a Ryan White provider that provides [(A) support services and no medical services, (B) provides OAHS that is not funded by Ryan White, or (C) provides OAHS that is funded by Ryan White but only to some of your eligible clients]. Is that correct? [Interviewer note: Record correction]	Does not meet any of three scenarios (A-C)	Meets one of three scenarios
2. In reviewing the RSR data, we think you have [insert #] of Ryan White clients that receive RWHAP-funded support services or non-OAHS medical services from you. Is that correct? [Interviewer note: Record corrections]	Does not provide funded support services or non-OAHS medical	Provides funded support services or non-OAHS medical
3. How many of your Ryan White clients do you estimate go elsewhere for medical care?	Less than 25 (answer #3a)	25 or more (answer #3a and proceed to #4)
a. How many of your Ryan White clients do you estimate are not receiving medical care at all? [Interviewer note: Record response]		
4. Do you know where your Ryan White clients are going for their medical care? How many non-funded OAHS providers care for your Ryan White clients? [Interviewer note: Non-funded OAHS provider can be a Ryan White provider that provides medical services that aren't funded by RWHAP OR a non-Ryan White provider]	No	Yes (proceed to #4a)
a. For Ryan White clients that receive medical services elsewhere, do you collect and maintain a record of medical service use, prescription medication, and lab results information? Would it be possible for the study team to access medical records for chart abstraction?		Yes or no (proceed to #4b)
b. Would you be able to identify 2 non-funded OAHS providers, each treating at least 10 of your Ryan White clients?	No	Yes (proceed, to #4c)
c. For these two non-funded OAHS providers, are they likely to participate in this study and share client medical records with us?	No	Yes

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-xxxx. Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857.

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