

EMOTIONAL RESPONSES TO ILLNESS
 NIAID ADULT AIDS CLINICAL TRIALS GROUP

Patient Number	[][] [][][][] []	Date of Patient Visit	[][][][] [][] [][][][]
Protocol Number	[][][][][][][]	mmm dd yyyy	
Form Week	[][][]	* Seq No.	[] ** Step No.
			Key Operator Code [][][]

* Enter a "1" if this is the first of this form for this date. Designate subsequent forms on the same date with a 2, 3, etc.

**Enter the subject's current study step number. Enter '1' if the study does not have multiple steps.

INSTRUCTIONS TO THE STUDY NURSE:

The following questionnaire asks the subject about feelings he/she may have had over the past month in response to being HIV+. **It should be given to the subject prior to the clinical exam and preferably in a quiet, secluded area (e.g., exam room or other office).** The subject must be able, at a minimum, to read at the sixth grade level to complete the questionnaire without additional assistance.

It is important to be familiar with the content and format of the questionnaire before giving it to study participants. At the first visit, please begin by telling the participant:

"Quisiéramos que nos dijera qué tanto sintió usted cada una de estas cosas durante el último mes, en respuesta al hecho de ser HIV+. Le agradecemos mucho el que usted complete este cuestionario."

You should then briefly go over the format of the questionnaire. Have the participant fill out the questionnaire before vital signs, history and physical are completed.

The questionnaire is very brief and should take no more than 5 minutes to complete. Before giving the subject the questionnaire, please fill out the header.

The questionnaire asks the subject to check the best answer.

Collect the completed questionnaire and review for omissions before the clinical exam. If the participant did not answer the questions, point this out and have him/her complete the omissions before continuing with the exam.

PLEASE COMPLETE THE FOLLOWING ITEMS AFTER THE SUBJECT COMPLETES THE QUESTIONNAIRE OR AFTER YOU ASCERTAIN THAT THIS IS NOT POSSIBLE.

- | | | |
|---|--|--------------------------|
| 1. How was the questionnaire completed? | 1-Self administered by the study participant | <input type="checkbox"/> |
| If "4" go to question 1a. | 2-Face to face interview that you conducted | |
| | 3-Phone interview | |
| | 4-Not completed | |
| | 9-Other, specify | |

If Other, specify [30]: _____

- | | | |
|---|-------------------------------|--------------------------|
| a. If you answered "4-Not completed," please indicate the reason(s) why: | 1-Subject refused | <input type="checkbox"/> |
| | 2-Subject missed clinic visit | |
| | 3-There was not enough time | |
| | 9-Other reason, specify | |

If Other reason, specify [30]: _____



