	QL0720(000)/00-00-00
BASELINE BODY IMAGE QUESTIO NIAID ADULT AIDS CLINICAL TRIALS GF	
Patient Number Date of Patient V	
Protocol Number	mmm dd yyyy
Form Week Seq No. **Step No. **Step No.	Key Operator Code
* Enter a "1" if this is the first of this form for this date. Designate subsequent fo **Enter the subject's current study step number. Enter '1' if the study does no INSTRUCTIONS TO THE STUDY NURSE:	orms on same date with a 2, 3, etc. t have multiple steps.
The following questionnaire asks the subject about his/her assessmentange in appearance since the start of current study treatment. It is prior to the clinical exam and preferably in a quiet secluded a office). The subject must be able, at a minimum, to read at the significant questionnaire without additional assistance.	should be given to the subject rea (e.g., exam room or other
It is important to be familiar with the content and format of the quest participants. At the first visit, please begin by telling the participant:	ionnaire before giving it to study
"We would like you to answer some questions about how you wo and any recent change in your appearance. We appreciate you	uld describe your appearance illing out this questionnaire."
You should then briefly go over the format of the questionnaire. Hav questionnaire before vital signs, history and physical are completed.	e the participant fill out the
The questionnaire is very brief and should take no more than 5 minu giving the subject the questionnaire, please fill out the header.	tes to complete. Before
The questionnaire includes questions asking the subject to check the	e best answer.
Collect the completed questionnaire and review for omissions before participant did not answer the questions, point this out and have him before continuing with the exam.	
PLEASE COMPLETE THE FOLLOWING ITEMS AFTER THE THE QUESTIONNAIRE OR AFTER YOU ASCERTAIN THAT	
How was the questionnaire completed? If "4" go to question 1a. If Other, specify [30]:	1-Self administered by the study participant 2-Face to face interview that you conducted 3-Phone interview 4-Not completed 9-Other, specify
a. If you answered "4-Not completed," please indicate the reason(s) why: the reason(s) why:	1-Subject refused 2-Subject missed clinic visit 3-There was not enough time 9-Other reason, specify
If Other reason, specify [30]:	



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		BASELINE BODY NIAID ADULT AID				P	age 2 of 2	2
Pa	tient Number		Date o	of Patient Vis				
Pro	otocol Number			Ins	mmm titution Cod	dd le	уууу	
Fo	rm Week	* Seq. No.	** Step	o No.	Key Opera	tor Code		
	STRUCTIONS FOR	SUBJECT: These of	uestions are	designed to	learn mor	e about how	v you fee	<u>—</u> el
que	estions, so just ansv	affecting the way you lover them as they apply t	o you.			_		Е
1.	Thinking about you Very Underweight 1	ur weight today, do you o Somewhat Underweight 2	consider your My Weight Is Just Rigl	t So	<i>(Cl</i> omewhat erweight ☐ 4	Overv [ox.) ery veight	
2.	The most I ever we	eighed was:				рог	ınds	
3.	Thinking about you or less worried abo	ur weight now and your vout your weight now that	weight a year n before?	ago, are you	u more			
	Much More Worried	Somewhat More Worried	No Difference		mewhat s Worried	Much	one box. Less ried	.)
4.	and how you look i year?	ements are about your a now. Do you think that y e box for each questic	our appeara	Lost Some/ Some- what	now you loo nged over t No Change	he last	ago <i>k one)</i> Gaine A Lot Much Large	:/ 1
,	a. I have noticed a flesh in my face	change in the amount	of 🔲	2	3	4	5	
		change in the amount of the change in the amount of the change in the ch		2	3	4	5	
	c. I have noticed a legs.	change in the size of m	ny 🔲	2	3	4	5	
1	d. I have noticed a belly.	change in the size of m	ny 🔲	2	3	4	5	
	e. I have noticed a breasts.	change in the size of m	ny 🔲	2	3	4	5	
	f. I have noticed a buttocks.	change in the size of m	ny 🔲	2	3	4	5	
						Language: English		