

ABBREVIATED ADHERENCE /QUALITY OF LIFE FACTORS QUESTIONNAIRE

NIAID AIDS CLINICAL TRIALS GROUP

Patient Number Date of Patient Visit/Contact
 mmm dd yyyy

Protocol Number Institution Code

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.

FOR OFFICE USE ONLY - TEAR OFF SHEET

INSTRUCTIONS TO THE STUDY NURSE:

The ABBREVIATED ADHERENCE / PSYCHOSOCIAL FACTORS QUESTIONNAIRE should be given to the study participant prior to the clinical exam and preferably in a quiet secluded area (for example, exam room or other office). This questionnaire is designed for study participants who can read at the sixth-grade level; participants who have difficulty reading may need 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:

“We are trying to understand better what factors make it easier or harder for you to take your anti-HIV medications. Please answer all questions honestly; you will not be ‘judged’ based on your responses. If you do not wish to answer a question, please draw a line through it. Please feel free to ask if you need any of the questions explained to you.”

You should then briefly go over the format of the questions and how to complete them. Have the study participant complete the questionnaire before vital signs, history, and physical are completed. The questionnaire is very brief and should take no more than 2 minutes to complete. Before giving the study participant the questionnaire, please fill out the header(s) and DETACH THIS PAGE from the rest of the form.

Each question is in the same general format and contains several items. Note that the study participant is always asked to make a check (✓) in the box for each question where there are check boxes.

For data keying, if the subject did not answer a question, enter “-1.” Do not leave any fields blank.

PLEASE COMPLETE THE FOLLOWING ITEMS AFTER STUDY PARTICIPANT COMPLETES THE QUESTIONNAIRE OR AFTER YOU ASCERTAIN THAT THIS IS NOT POSSIBLE:

1. How was the questionnaire completed? 1-Self administered by the participant
 If “4-Not completed,” complete ‘a’ and Stop. 2-Face-to-face interview
 3-Both self-administered and interview
 4-Not completed
 9-Other, specify

If Other, specify [70]: _____

- a. If “4-Not completed,” please indicate the reason and stop: ... 1-Participant declined
 2-There was not enough time
 9-Other reason, specify

If Other reason, specify [70]: _____

2. Enter the country code for the location of the clinic and the language used to complete the form. Refer to Appendix 80 for Country and Language Codes.

Country: Language:

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Please check one box for each question where there are check boxes. If you do not wish to answer a question, please draw a line through it.

1. During the **past 4 weeks**, has your health kept you from working at a job, doing work around the house, or going to school? **(Check one)**

Not at all Some of the time All of the time

0

1

2

2. During the **past 4 weeks**, how much pain have you had (for example, headache, muscle pain, back pain, stomach ache)? **(Check one)**

None Very Mild Mild Moderate Severe Very severe

0

1

2

3

4

5

3. During the **past 4 weeks**, how much has your physical health or emotional problems interfered with your normal social activities (for example, socializing with friends or family)? **(Check one)**

Not at all A little bit Moderately Quite a bit Extremely

0

1

2

3

4

4. In general, how satisfied are you with the overall support you get from your friends and family members? **(Check one)**

Very dissatisfied Somewhat dissatisfied Somewhat satisfied Very satisfied

0

1

2

3

5. To what extent do your friends or family members help you remember to take your medication? **(Check one)**

Not at all A little Somewhat A lot Not applicable

0

1

2

3

4