

EMOTIONAL RESPONSES TO ILLNESS

NIAID ADULT AIDS CLINICAL TRIALS GROUP

Patient Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Patient Visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				mmm	dd	yyyy				
Protocol Number	<input type="text"/>				Institution Code	<input type="text"/>				
Form Week	<input type="text"/>	* Seq No.	<input type="text"/>	** Step No.	<input type="text"/>	Key Operator Code <input type="text"/>				

* 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:

"We would like you to tell us how much you felt each of these things over the past month in response to being HIV+. We appreciate you filling out this questionnaire."

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.

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

If Other, specify [30]: _____

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

If Other reason, specify [30]: _____



EMOTIONAL RESPONSES TO ILLNESS
 NIAID ADULT AIDS CLINICAL TRIALS GROUP

Patient Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Patient Visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				mmm	dd	yyyy		
Protocol Number	<input type="text"/>			Institution Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Form Week	<input type="text"/>	* Seq. No.	<input type="text"/>	** Step No.	<input type="text"/>	Key Operator Code	<input type="text"/>	<input type="text"/>

INSTRUCTIONS FOR SUBJECT: These questions are designed to learn about your feelings. There are no right or wrong answers to these questions.

Please check how much you have felt each of these things over the **past month** in response to being HIV+. Place a check ("✓") in the box that shows how often you have felt each thing.

Please check one box for each question.

	Not at all	Somewhat	Moderately	A lot	Very Much	
1. SAD (I felt gloomy or blue or unhappy.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
2. AFRAID (I was scared.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
3. ANGRY (I was very mad.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
4. CALM (I felt at peace.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
5. HELPLESS (I felt like I can't do anything to help myself.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
6. HOPEFUL (I felt things might get better.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
7. FRUSTRATED (I felt like I can't do the things I want to make things better, no matter how hard I try.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
8. WORRIED (I'm thinking that things might not turn out well.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
9. DESPAIRING (I felt like things just are not going to get better.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
10. RESIGNED (I felt like I have to accept being HIV+. That's just the way things are.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
11. CHALLENGED (I felt like I want to do something to fight my HIV and to try to get better.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>

Language:
English

