

RESOURCE INTERVIEW
NIAID AIDS CLINICAL TRIALS GROUP

Patient Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Patient Visit/Contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protocol Number	<input type="text"/>	<input type="text"/>	<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"/>

* 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

1. Was the questionnaire conducted as a face-to-face interview? (1-Yes, 2-No)
If Yes, go to question 2.
If No, complete 'a' and STOP.

a. Indicate the reason why :.....
 1-Study participant refused
 2-Study Participant missed clinic visit
 3-There was not enough time
 9-Other reason, specify

If Other, specify [30]: _____

2. Indicate the language used to conduct this interview [30]: _____



RESOURCE INTERVIEW

Patient Number Date of Patient Visit
mmm dd yyyy

Protocol Number **A** **5** **2** **0** **8** Institution Code

Form Week * Seq. No. ** Step No. Key Operator Code

INSTRUCTIONS TO CLINIC STAFF: Complete this interview with the study participant and enter the study participant's response for each question. Each question is to be answered by the study participant, not the interviewer. Record only the study participant's responses by placing a "✓" in the appropriate box. Please check one box for each question.

A. Please think about your life over the past three months. As well as you can remember, answer the following questions about the different ways your health may have affected your life during these past three months.

	NONE 0	1-2	3-5	6-10	11-16	>16	If >16, Indicate Number	
1. DURING THE PAST 3 MONTHS, HOW MANY DAYS did you stay in bed most of the day because you were not feeling well?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/> <input type="text"/> <input type="checkbox"/>	
2. DURING THE PAST 3 MONTHS, HOW MANY DAYS did you reduce your usual daily activities, such as your work, housework, or school because you were not feeling well?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/> <input type="text"/> <input type="checkbox"/>	
3. DURING THE PAST 3 MONTHS, HOW MANY DAYS did someone come to your home/household to help you because you were not feeling well?.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/> <input type="text"/> <input type="checkbox"/>	
4. DURING THE PAST 3 MONTHS, HOW MANY NIGHTS did you stay in a hospital ward, clinic, or hospice ward for your own health?.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/> <input type="text"/> <input type="checkbox"/>	
5. DURING THE PAST 3 MONTHS, HOW MANY VISITS did you make to a health clinic or Casualty ward (Accident and Emergency facility) for your own health?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/> <input type="text"/> <input type="checkbox"/>	
6. DURING THE PAST 3 MONTHS, HOW MANY VISITS did you make to a traditional healer for your own health?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/> <input type="text"/> <input type="checkbox"/>	
7. DURING THE PAST 3 MONTHS, did you earn any income through some kind of work or occupation?.....							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
If No, go to B.							1	2
If Yes, continue.								
a. When you did this work or occupation, did you mostly work full time or part time?.....							Full time 0 <input type="checkbox"/>	<input type="checkbox"/>
							Part time 1 <input type="checkbox"/>	<input type="checkbox"/>

(Check one box)



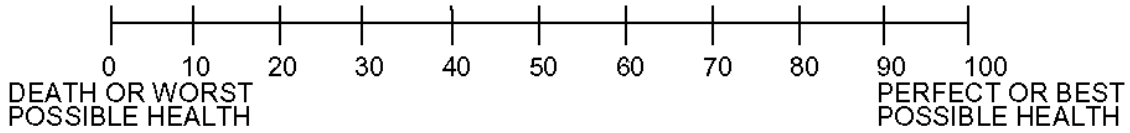
RESOURCE INTERVIEW

Pt. No. * Seq. No. ** Step No. Date
mm dd yy

B. In general, how would you say your health is:
Place a "✓" in one box.

- (Check One)
- Excellent..... 1
- Very Good 2
- Good 3
- Fair 4
- Poor..... 5

C. On the line below, 0 is death and 100 is perfect health:



a. Using the above line as a guide, how would you rate your current state of health from '0' to '100'?

Write down any number between '0' and '100': _____

Language:
English

