QL6000(000)/00-00-00

SUBJECT BODY IMAGE QUESTIONNAIRE NIAID PEDIATRIC AIDS CLINICAL TRIALS GROUP

Page 1 of 2

Patient Number Date of Patient Visit Date of Patient Visit
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.
INSTRUCTIONS TO THE STUDY NURSE:
The following questionnaire asks the subject about his/her assessment of their appearance and any change in appearance during the past year. 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 subject:
"We would like you to answer some questions about how you would describe the way you look and any recent change in the way you look. We appreciate you filling out this questionnaire."
You should then briefly go over the format of the questionnaire. Have the subject 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 includes questions asking the subject to check the best answer.
Collect the completed questionnaire and review for omissions before the clinical exam. If the subject did not answer the questions, point this out and have him/her complete the omissions before continuing with the exam.
STUDY NURSE: 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? If "4" go to question 1a. 1-Self administered by the subject 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 2-Subject missed clinic visit 3-There was not enough time 9-Other reason, specify
If Other reason, specify [30]:



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	NIAID PEDIATRIC AIDS	S CLINICAL I	RIALS GR	OUP	Pa	ige 2 of 2	_
Patient Number		Date of Pa	atient Visit[mmm	dd C	уууу]
Protocol Number			Institu	ition Code			
Form Week	* Seq. No.	** Step No	o. 🗌 Ke	ey Operato	or Code		
	SUBJECT: These quest fecting the way you look or them as they apply to you						_
1. Thinking about your weight today, do you consider yourself to be: (Check one box.)							
Very Skinny (Thin) 1		ly Weight Just Right	He	ittle avy] 4	Ve Hea 	ivy	
	weight now and your weight your weight now than your weight now than your weight now than your weight had been as a second with the weight had been weight as a second weight had been weight as a second weight had been weight had been weight as a second weight had been w		A L Less V	are you m .ittle Vorried 	Much Wori	Less ried	
	nents are about the way yo you look now. How do yo						
Please check one	box for each question.	Much Thinner (Smaller)	A Little Thinner (Smaller)	No Change	A Little Heavier (Larger)	Much Heavier (Larger)	_
a. I have noticed tha	t my face has gotten:	1	2	3	4	5	
	t the back of my neck or lder blades has gotten:	1	2	3	4	<u> </u>	
c. I have noticed that my legs have gotten:		1	2	3	4	5	
d. I have noticed tha gotten:	t my belly/tummy has	1	2	3		5	
e. I have noticed tha gotten:	t my butt/bottom has		2	3	4	5	
				ı	_anguage:		

