CAREGIVER BODY IMAGE QUESTIONNAIRE
NIAID PEDIATRIC AIDS CLINICAL TRIALS GROUP

Patient Number ☐☐ ☐☐☐☐ ☐   Date of Patient Visit ☐☐☐☐ ☐☐ ☐☐☐☐

Protocol Number ☐☐☐☐☐   mmm   dd   yyyy

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 caregiver about his/her assessment of the subject's appearance and any change in appearance during the past year. **It should be given to the caregiver prior to the clinical exam and preferably in a quiet secluded area (e.g., exam room or other office).** Individuals completing the questionnaire 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 the caregiver. At the first visit, please begin by telling the caregiver:

> "We would like you to answer some questions about how you would describe the subject's appearance and any recent change in their appearance. We appreciate you filling out this questionnaire."

You should then briefly go over the format of the questionnaire. Have the caregiver 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 caregiver the questionnaire, please fill out the header.

The questionnaire includes questions asking the caregiver to check the best answer.

Collect the completed questionnaire and review for omissions before the clinical exam. If the caregiver 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 CAREGIVER 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 caregiver
   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-Caregiver refused
   2-Subject missed clinic visit
   3-There was not enough time
   9-Other reason, specify   ☐

   If Other reason, specify [30]: _____

03-13-00

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INSTRUCTIONS FOR CAREGIVER: These questions are designed to learn more about how you feel the study medications are affecting the way your child looks or feels. There are no right or wrong answers to these questions, so just answer them as they apply to him/her.

1. Thinking about your child's weight today, do you consider him/her to be: *(Check one box.)*

Very Skinny (Thin)	A Little Skinny (Thin)	My Child's Weight Is Just Right	A Little Heavy	Very Heavy	
☐	☐	☐	☐	☐	☐
1	2	3	4	5	

2. The most he/she ever weighed was: …………………………………………… ☐☐☐ pounds
   NOTE: Use "-1" if unknown.

3. Thinking about your child's weight now and your child's weight a year ago, are you more worried or less worried about his/her weight than before?
   (Check one box.)

Much More Worried	A Little More Worried	Not Worried	A Little Less Worried	Much Less Worried	
☐	☐	☐	☐	☐	☐
1	2	3	4	5	

4. The following statements are about your child's appearance. Think about how he/she looked a year ago and how he/she looks now. How do you think his/her appearance has changed over the last year?

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 that his/her face has gotten:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐
b. I have noticed that the back of his/her neck or between his/her shoulder blades has gotten:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐
c. I have noticed that his/her legs have gotten:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐
d. I have noticed that his/her belly has gotten:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐
e. I have noticed that his/her butt has gotten:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐

Language: English ☐