

**DEALING WITH ILLNESS**  
NIAID ADULT AIDS CLINICAL TRIALS GROUP

Patient Number        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 things people might do to deal with 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 answer some questions about how you deal with 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 15 minutes to complete. Before giving the subject the questionnaire, please fill out the header.

The questionnaire asks the subject to check the best response for each question.

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.**

1. How was the questionnaire completed? .....   
 If "4" go to question 1a. 1-Self administered by the study participant  
 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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Protocol Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Institution Code			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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**INSTRUCTIONS FOR SUBJECT:** These questions are designed to learn how you deal with being HIV+. There are no right or wrong answers to these questions.

Here is a list of things people might do to deal with problems they have. Which of these things have you done recently (during the last month or so) to help you deal with being HIV+? Place a check ("v") in the box that shows how often you have done each thing.

**Please check one box for each question.**

	Never	Rarely	Sometimes	Often	Always	
1. Took one day at a time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
2. Accepted that I have HIV, but not that this means I'll get really sick or get AIDS.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
3. Talked to people just to be able to talk about being HIV+.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
4. Thought about how I've become a better person since I became HIV+.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
5. Went to someone (a friend or a counselor) for advice on how to change whatever I can.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
6. Tried to get someone, like a doctor, to do something about my HIV.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
7. Thought more about what life means.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
8. Trusted more in God.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
9. Talked with others who also are HIV+.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
10. Enjoyed everyday things more than I used to.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
11. Did things to make myself a better person.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>



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Pt. No.      \* Seq. No.  \*\* Step No.  Date        
mmm dd yyyy

*Please check one box for each question.*

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	
12. Exercised more.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
13. Did things to relax more. For example, I thought about being in a nice place, a peaceful place (IMAGERY), OR I sat down quietly and thought about my breath (MEDITATION), OR I used HYPNOSIS.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
14. Accepted being HIV+ and got on with doing what needed to be done.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
15. Tried to be positive.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
16. Tried to understand how other people who are HIV+ think or feel.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
17. Cried, yelled, or laughed instead of holding my feelings in.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
18. Tried to find out more about being HIV+.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
19. Thought a lot about what is really important to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
20. Did something "special" for myself.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
21. Tried to work together with my doctor to decide what is best for me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
22. Thought about how much better off I am than some other people who are HIV+.	<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

