

SOCIAL SUPPORT
 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"/>
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 his/her assessment of social support. **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 the help you get from your friends and family. 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 most appropriate answer 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? | 1-Self administered by the study participant <input type="checkbox"/>
2-Face to face interview that you conducted
3-Phone interview
4-Not completed
9-Other, specify |
| If "4" go to question 1a. | |

If Other, specify [30]: _____

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

If Other reason, specify [30]: _____



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Patient Number Date of Patient Visit
mmm dd yyyy

Protocol Number Institution Code

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

INSTRUCTIONS FOR SUBJECT: These questions are designed to learn more about the help you get from your friends and family. There are no right or wrong answers to these questions.

Please check (“✓”)the most appropriate response. Check only one answer to each question.

1. Are any of your family members alive? Yes No
- 1 2

NOTE: People besides your relatives (parents, brothers, sisters, uncles, aunts grandparents, nephews, nieces, cousins, etc.) can count as family. Count people who took care of you when you were growing up (foster parents or close family friends, for example). Count people you helped take care of while they were growing up (foster children, for example).

*If you answered “No” to this question then please go to Question 5.
 If you answered “Yes” then please go to the next question (Question 2).*

2. Over the last year how often have you been in touch with family members in person or by phone?

Not at all	Several times	Almost every month	Almost every week	Almost every day or more	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>1</small>	<small>2</small>	<small>3</small>	<small>4</small>	<small>5</small>	

3. Do any members of your family know that you are HIV+?

None of them	A few of them	About half	Most of them	All of them	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>1</small>	<small>2</small>	<small>3</small>	<small>4</small>	<small>5</small>	

4. In general, how happy are you with the overall support (help) you get from your family?

Not at all happy	Somewhat happy	Moderately happy	Very happy	Extremely happy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>1</small>	<small>2</small>	<small>3</small>	<small>4</small>	<small>5</small>	



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5. Besides family, how many good friends would you say you have?

(Check one box; if more than 5 good friends, check box 9 and write in number.)

0 1 2 3 4 5 More than 5.
(How many?) _____

If you answered "0" to question 5, then STOP and go to the next form. Otherwise, please go to the next question (Question 6).

6. How many of your good friends do you think know that you are HIV+?

None of them **A few of them** **About half** **Most of them** **All of them**

1 2 3 4 5

7. Over the last year, how often have you been in touch with your good friends in person or by phone?

Not at all **Several times** **Almost every month** **Almost every week** **Almost every day or more**

1 2 3 4 5

8. In general, how happy are you with the overall support (help) you get from your good friends?

Not at all happy **Somewhat happy** **Moderately happy** **Very happy** **Extremely happy**

1 2 3 4 5

Language:
 English

