

**BASELINE BODY IMAGE QUESTIONNAIRE**

NIAID ADULT AIDS CLINICAL TRIALS GROUP

Patient Number         Date of Patient Visit          
mmm dd yyyy

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 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 since the start of current study treatment. **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 would describe your appearance and any recent change in your appearance. 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 includes questions asking the subject to check the best answer.

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  
 If "4" go to question 1a.  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]: \_\_\_\_\_



