

BASELINE SOCIODEMOGRAPHICS SELF REPORT

NIAID ADULT AIDS CLINICAL TRIALS GROUP

Page 1 of 3

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"/>	<input type="text"/>
Protocol Number	<input type="text"/>	<input type="text"/>	<input type="text"/>		mmm	dd	yyyy		
Form Week	<input type="text"/>	<input type="text"/>	<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 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.

FOR OFFICE USE ONLY - DETACH THIS PAGE

INSTRUCTIONS TO THE STUDY PERSONNEL:

The BASELINE SOCIODEMOGRAPHICS SELF REPORT should be given to the participant prior to the clinical exam. The participant must be able to read at the sixth-grade level at a minimum 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:

- Please answer all questions honestly; you will not be "judged" based on your responses.
- If you do not wish to answer a question, please draw a line through it.
- When completed, the form will be quickly reviewed to make sure you didn't mistakenly skip questions (without crossing them out); your specific responses to questions will not be reviewed.
- Please feel free to ask if you need any of the questions explained to you.

The questionnaire is very brief and should take less than 5 minutes to complete. Before giving the participant the questionnaire, please fill out the header(s) and DETACH THIS PAGE.

Each question is in the same general format and contains several items. Note that the participant is always asked to make a "✓" next to the appropriate answer.

Collect the completed questionnaire. Before going on, review the questionnaire for omissions. If the participant missed any of the questions, point this out and encourage him/her to complete the omissions.

For data keying, if the subject did not answer a question, enter "-1." Do not leave any fields blank.

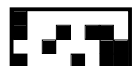
PLEASE COMPLETE THE FOLLOWING ITEMS AFTER THE PARTICIPANT COMPLETES THE QUESTIONNAIRE OR AFTER YOU ASCERTAIN THAT THIS IS NOT POSSIBLE:

1. How was the questionnaire completed?
- 1-Self administered by the study participant
 - 2-Face-to-face interview that you conducted
 - 3-Both self-administered and interview
 - 4-Not completed
 - 9-Other, specify

If Other, specify [30]: _____

- a. If "4-Not completed", indicate the reason:
- 1-Participant refused
 - 2-Participant missed clinic visit
 - 3-There was not enough time
 - 9-Other reason, specify

If Other, specify [30]: _____



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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"/>	<input type="text"/>	<input type="text"/>	Institution Code	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>

These questions ask about your background.

1. What is the highest level of education you have completed? **(Check one box)**

11 th grade or less	0	<input type="checkbox"/>	
High school graduate or GED	1	<input type="checkbox"/>	<input type="checkbox"/>
Some college	2	<input type="checkbox"/>	
College graduate (BA or BS)	3	<input type="checkbox"/>	
Master's degree	4	<input type="checkbox"/>	
Doctorate/medical degree/law degree	5	<input type="checkbox"/>	

2. Please indicate whether each of the following is a likely way that you became infected with HIV?

(Check "Yes" or "No" for each question.)

	Yes	No	
a. Sex with a man who was HIV+	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>
b. Sex with a woman who was HIV+	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>
c. Shared needles with a person who was HIV+	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>
d. Blood transfusion or other medical procedure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>
e. Don't know	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>
f. Other (needle stick at work, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>
If Other, please specify: _____			<input type="checkbox"/>

3. Do you work for pay outside the home? Yes No

1 2

4. What is your average **yearly** household income from all sources - including paid job, public assistance/welfare, social security disability, alimony, child support, etc.?

(Check one box)

Less than \$5,000 per year	0	<input type="checkbox"/>	
\$5,000 - 9,999	1	<input type="checkbox"/>	<input type="checkbox"/>
\$10,000 - 19,999	2	<input type="checkbox"/>	
\$20,000 - 29,999	3	<input type="checkbox"/>	
\$30,000 - 39,999	4	<input type="checkbox"/>	
\$40,000 - 49,999	5	<input type="checkbox"/>	
\$50,000 or more per year	6	<input type="checkbox"/>	



BASELINE SOCIODEMOGRAPHICS SELF REPORT

Pt. No. [][] [][][][] [] * Seq. No. [] **Step No. [] Date [][][] [][] [][][][]
mmm dd yyyy

5. Do you have any children? Yes No
1 2
If No, skip to question 6.

a. If yes, how many live with you? [][]

6. Do you regularly provide support or assistance to a friend or family member who is ill or who needs some help such as with his/her daily activities? Yes No
1 2

7. Are you living with anyone (in addition to yourself) who is HIV+? Yes No
1 2

a. If yes, is that individual taking anti-HIV (antiretroviral) medications? Yes No
1 2

8. How do you pay for your health care? (Check "Yes" or "No" for each question.)
Yes No

- a. Government funding
(Medicaid, Medicare, ADAP, VA, Ryan White, etc.)..... 1 2
- b. Private Insurance..... 1 2
- c. Self pay, out of pocket 1 2

9. Have you ever taken medications or been treated (e.g., seen psychologist or counselor) for depression or other mental health problems? Yes No
1 2

10. Are you currently taking medications or being treated (e.g., seen psychologist or counselor) for depression or other mental health problems? Yes No
1 2

Language:
English

