CES-D10 NIAID ADULT AIDS CLINICAL TRIALS GROUP

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Patient Number	Date of Patient Visit	mmm dd	уууу
Protocol Number	Ins	titution Code	
Form Week *	Seq. No. ** Step No.	Key Operator Cod	е

FOR OFFICE USE ONLY - TEAR OFF SHEET

INSTRUCTIONS TO THE STUDY NURSE:

The CES-D10 should be given to the study participant prior to the clinical exam and preferably in a quiet secluded area (e.g., exam room or other office). The study 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 study participant:

"We would like you to read a list of statements that describe ways you may have felt or behaved during the past week. Your answers will help us understand the effects of the medication you are taking. We appreciate your filling out this questionnaire."

You should then briefly go over the format of the questions and how to complete them. Have the study participant complete the questionnaire before vital signs, history, and physical are completed.

The questionnaire is very brief and should take no more than 10 minutes to complete. Before giving the study 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 study participant is always asked to make a "\sqrt{"}" in the box that comes the closest to experiences he/she has been having.

For data keying, if the study participant did not answer a question, enter "-1."

PLEASE COMPLETE THE FOLLOWING ITEMS AFTER STUDY 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 you answered "4-Not completed," p	olease indicate the reason why and STOP. 1-Study participant refused 2-Study participant missed clinic visit 3-There was not enough time 9-Other reason, specify		
If Other, specify [30]:			

^{*} 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.

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INSTRUCTIONS: Please answer the following questions by placing a "\scriv" in the appropriate box.

1. For each of the following statements, please check the box that best describes how often you felt or behaved this way during the past week.

		(Check one)			
		Occasionally			
		Rarely or None of the Time (Less than 1 day)	Some or a Little of the Time (1-2 days)	or a Moderate Amount of the Time (3-4 days)	Most or All of the Time (5-7 days)
a.	I was bothered by things that usually don't bother me.	0	1	2	3
b.	I had trouble keeping my mind on what I was doing.	0	1	2	3
C.	I felt depressed.	0	1	2	3
d.	I felt that everything I did was an effort.	0	1	2	3
e.	I felt hopeful about the future.	3	2	1	0
f.	I felt fearful.	0	1	2	3
g.	My sleep was restless.	0	1	2	3
h.	I was happy.	3	2	1	0
i.	I felt lonely.	0	1	2	3
j.	I could not get "going".	0	1	2	3
12-05-0	Date Form Keye	ed (DO NOT KE)	Y):	Language: English / /	

^{*} 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.