

ATTITUDES ABOUT HIV

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"/>	<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"/>

* 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 thoughts and attitudes about 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:

"Nos gustaría que usted contestara algunas preguntas acerca de sus pensamientos y actitudes respecto del HIV. Le agradecemos mucho el que usted complete este cuestionario."

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 10 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]: _____



