

SOCIODEMOGRAPHIC QUESTIONNAIRE

NIAID AIDS CLINICAL TRIALS GROUP

Patient Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Patient Visit/Contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
						mmm	dd	yyyy			
Protocol Number	<input type="text" value="A0000"/>				Institution Code	<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.

FOR OFFICE USE ONLY - TEAR OFF SHEET

INSTRUCTIONS TO THE STUDY NURSE:

The SOCIODEMOGRAPHIC QUESTIONNAIRE 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?
- If “4- Not completed”, complete ‘a’ and Stop.
- 1-Self administered by the participant
 - 2-Face-to-face interview
 - 3-Both self-administered and interview
 - 4-Not completed
 - 9-Other, specify

If Other, specify [70]: _____

- a. If “4-Not completed”, indicate the reason and stop:
- 1-Participant declined
 - 2-There was not enough time
 - 9-Other reason, specify

If Other, specify [70]: _____

2. Enter the country code for the location of the clinic and the language used to complete the form. Refer to Appendix 80 for Country and Language Codes.

Country: Language:

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Protocol Number	<input type="text" value="A"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	Institution Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Form Week	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	* Seq. No.	<input type="text"/> <input type="text"/>	** Step No.	<input type="text"/> <input type="text"/>
		Key Operator Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Please check one box for each question where there are check boxes. If you do not wish to answer a question, please draw a line through it.

I. EDUCATION

1. What is the highest level of education you have completed? **(Check one box)**
- a. 12th grade or less 1
 - b. High school graduate or GED 2
 - c. Some college/AA degree/Technical school training 3
 - d. College graduate (BA or BS) 4
 - e. Graduate school degree: Master's or Doctorate degree (MD, PhD, JD) 5

II. HOUSING

2. How many people are currently living in your household, including yourself? _____

3. Please describe the home where you live.
(Check "Yes" or "No" for each question. Check "Yes" to all that apply.)

- | | Yes | No |
|---|----------------------------|----------------------------|
| a. It is owned or being bought by you (or someone in the household). | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. It is rented for money by you (or someone in the household). | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. It is occupied without payment or money or rent. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. I live with friends. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. I live with family. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f. I have no permanent residence. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. I live in a correctional facility (jail, prison). | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

III. INSURANCE

4. How do you pay for your health care?
(Check "Yes" or "No" for each question. Check "Yes" to all that apply.)

- | | Yes | No |
|--|----------------------------|----------------------------|
| a. Government funding (Medicaid, Medicare, ADAP, VA, Ryan White, etc.) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Private insurance | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Self pay, out of pocket | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

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

IV. JOB

5. Do you work for pay outside the home? Yes No
1 2

6. Check the box that best corresponds to your current work situation.
(Check "Yes" or "No" for each question.)

- | | Yes | No |
|---|----------------------------|----------------------------|
| a. Working full time | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Working part time | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Not working and not looking for work | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Unemployed and looking for work | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Disabled or retired and not looking for work | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f. Currently in school | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

V. INCOME

7. What is your total combined family income for the past 12 months, before taxes, from all sources, wages, public assistance/benefits, help from relatives, alimony, and so on?
If you don't know your exact income, please estimate.

(Check one box)

- | | |
|--------------------------------|----------------------------|
| a. Less than \$5,000 | 1 <input type="checkbox"/> |
| b. \$5,000 - \$19,999 | 2 <input type="checkbox"/> |
| c. \$20,000 - \$49,999 | 3 <input type="checkbox"/> |
| d. \$50,000 - \$99,999 | 4 <input type="checkbox"/> |
| e. \$100,000 - \$149,999 | 5 <input type="checkbox"/> |
| f. More than \$150,000 | 6 <input type="checkbox"/> |
| g. Don't know | 7 <input type="checkbox"/> |
| h. Chose not to answer | 8 <input type="checkbox"/> |

Thank you very much for completing this questionnaire.