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**Partner Discordance and Relationship Satisfaction Scale Visit Month**

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|  | *No current partner**No current HIV infected partner* | Participant ID:

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*Site Study Couple I/P Chk* | Visit Date:

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| **Discordance** *(The interviewer should provide the response options for each question.)* |
| **1** | How difficult was it for you to learn that your partner has HIV while you do not? | *not at all* | *a little* | *quite a bit* | *Extremely* |
| **2** | How much of a challenge did this discovery create for your relationship? | *no challenge* | *A little challenge* | *Quite a lot of challenge* | *A huge challenge* |
| **3** | How well are you managing the situation now? | *not well* | *fairly well* |  *well* | *Very well* |
|  |  | *All the**time* | *Most of**the time* | *More often**than not* | *Occasionally* | *Rarely* | *Never* |
| **4** | How often do you discuss or have you considered divorce, separation, or terminating your partnership? |  |  |  |  |  |  |
| **5** | How often do you or your partner leave the house after a verbal disagreement? |  |  |  |  |  |  |
| **6** | In general, how often do you think that things between you and your partner are going well? |  |  |  |  |  |  |
| **7** | Do you confide in your partner? |  |  |  |  |  |  |
| **8** | Do you ever regret that you entered a relationship with your partner? |  |  |  |  |  |  |
| **9** | How often do you and your partner quarrel? |  |  |  |  |  |  |
| **10** | How often do you and your partner annoy /upset each other? |  |  |  |  |  |  |
| **11** | Are you and your partner affectionate? | *every day* | *Almost every day* | *occasionally* | *Rarely*  | *Never* |
| The boxes on the following line represent different degrees of happiness in your partnership. The middle point, “happy”, represents the degree of happiness of most partnerships. Please mark the box which best describes the degree of happiness, all things considered of your partnership. |
| **12** | *Extremely unhappy* | *Fairly unhappy* | *A little unhappy* |  *Happy* | *very happy* | *extremely happy* | Perfect |
| **13** | Rate your feelings about the future of your partnership. |
| This section deals with feelings you might have if you were to acquire HIV, despite taking the anti-HIV medications. We would like to know what you think regardless of whether these things would actually happen. Please tell me if you *strongly agree*; *agree*; *disagree*; or *strongly disagree* with the following four statements. |
| **i** | *I want desperately for the partnership to succeed and would go almost any length to see that it does.* |  |
| **ii** | *I want very much for my partnership to succeed and will do all I can to see that it does.* |  |
| **iii** | *I want very much for my partnership to succeed and will do my fair share to see that it does.* |  |
| **iv** | *It would be nice if my partnership succeeded, but I can’t do much more than I am doing now to help it succeed.* |  |
| **v** | *It would be nice if my partnership succeeded, but I refuse to do any more than I am doing now to keep it going.* |  |
| **vi** | *My partnership can never succeed, and there is no more that I can do to keep it going.* |  |

**Completed by:** *(initials/date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Forms Instruction**

The **Partner Discordance and Relationship Satisfaction Scale** CRF should be completed at Enrollment and month 12. These are interviewer-administered questions and should be read aloud directly as written. To get the most honest answers, this form should be administered to the participant without his or her partner present.

**Item-specific Instructions:**

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| **Screening ID** | Screening IDs will be assigned from the site list and are unique to the individual. They are numeric and should be assigned sequentially. The Index Screening ID is assigned to the HIV-positive participant, and the Partner Screening ID is assigned to the HIV-negative participant. |
| **Participant ID** | Participant IDs are assigned from a list provided by the PROJECT. They are assigned once eligibility has been determined and the subject has been enrolled. The Participant ID should be left blank until the eligibility status of the participant is known. If eligible, the Participant ID should be entered and initialed and dated (if being added on a different date). If the participant is not eligible, then the Participant ID should be left blank. |
| **CRF not****administered** | If this form is not administered at a required visit, then it must still be faxed with the “CRF not administered” box marked. It is not necessary to line through the entire form and write “not administered.” |
| **Introduction** | Now I am going to ask you about your relationship with your partner. Many serodiscordant couples face challenges related to one partner having HIV and the other partner not having HIV. While these questions may be difficult to talk about, please try to give your best answer and be as honest as possible. |
| **Items 1-3** | Items 1 and 2 refer to the participant's feeling at the time when he/she first learned of the HIV serodiscordance within the partnership. Item 3 refers to his/her feelings now. |
| **Items 4-13** | These items refer to the quality of the partnership. We understand that participants may interpret the importance of the various items differently. Encourage the participant to give his/her best answer from the different response categories. |
| **Item 5** | The length of time out of the house does not matter; it could be 5 minutes, 5 days, or any other length of time. |
| **Item 11** | The participant may interpret the term “affectionate” however he/she likes (e.g., kissing, holding hands, or any other means of showing that he/she cares about the partner). |