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**Alcohol and Depression Scales Visit Month**

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 *Site Study Screening Number* | Participant ID:

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

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| **Alcohol and Depression Scales** *These are interviewer-administered questions and should be read aloud directly as written* |
| Now I’m going to ask you about your alcohol use **in the past year**. While some of this information may be embarrassing or difficult to remember, please try to give your best answers and be as honest as possible. |
| **1** | During the last year, have you had a feeling of guilt or remorse after drinking? | **Yes**  | **No**  |
| **2** | During the last year, has a friend or family member ever told you about things you said or did while you were drinking that you could not remember? | **Yes**  | **No**  |
| **3** | During the last year, have you failed to do what was normally expected of you because of drinking? | **Yes**  | **No**  |
| **4** | Do you sometimes take a drink in the morning when you first get up? | **Yes**  | **No**  |
| The next set of questions are a list of problems that people can get. These questions are about how you have been feeling **during the past week**. For each item, please let me know if you have felt this or experienced this *not at all*; *a little*; *quite a bit*; or *extremely.* |
|  | **Symptoms**  | *not at all* | *a little* | *quite a bit* | *extremely* |
| **5** | Feeling low in energy, slowed down |  |  |  |  |
| **6** | Blaming yourself for things |  |  |  |  |
| **7** | Crying easily |  |  |  |  |
| **8** | Feeling fidgety |  |  |  |  |
| **9** | Poor appetite |  |  |  |  |
| **10** | Difficulty falling asleep or staying asleep |  |  |  |  |
| **11** | Feeling hopeless about the future |  |  |  |  |
| **12** | Feeling sad |  |  |  |  |
| **13** | Feeling lonely |  |  |  |  |
| **14** | Thoughts of ending your life |  |  |  |  |
| **15** | Worrying too much about things |  |  |  |  |
| **16** | Feeling no interest in things |  |  |  |  |
| **17** | Feeling everything is an effort |  |  |  |  |
| **18** | Feeling of worthlessness |  |  |  |  |
| **19** | Loss of sexual interest or sexual pleasure |  |  |  |  |
| **20** | Feeling like I don’t care what happens to my health |  |  |  |  |
| **21** | Do you think the anti-HIV medication you are taking or your partner is taking makes sex completely safe from HIV? | **Yes**  | **No**  | **maybe** | **NA** |

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

**Forms Instruction**

The **Alcohol and Depression Scales** 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. |
| **Items 1-4** | These questions refer to the participant’s opinion of his or her alcohol use ***during the past year*** (past 12 months). If the participant does not drink, mark ***“***no***”*** for these items. |
| **Items 5-20** | These questions refer to the participant’s opinion of the symptoms listed ***in the past week*** (past 7 days). If he or she is unfamiliar with categorizing symptoms, explain the following:* “Not at all” means you do not have [*name symptom*].
* “A little” means you have [*name symptom*] more often than “not at all.”
* “Quite a bit” means you have [*name symptom*] more often than “a little” but less often than “extremely.”
* “Extremely” means you have [*name symptom*] most of the time.

If a participant reports any suicidality and/or “quite a bit” to 2 or more of the other items, ask if he or she might be interested in further counseling and make any necessary referrals. |
| **Item 21** | This question refers to the participant’s belief in the ability of HIV medication (either PrEP or ARVs) to work. Mark “n/a” if neither partner is using antiretrovirals (ART or PrEP). |