|  |
| --- |
|  |

|  |  |
| --- | --- |
|  |  |

**Partner Social Support and Stigma Visit Month**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Screening ID:   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |   *Site Study Screening Number* | Participant ID:   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |   *Site Study Couple I/P Chk* | Visit Date:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   *dd mm yy* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Now I am going to ask you some questions about the support you receive from others. Thinking about your current situation, for each of the following ten statements, please respond *as much as I would like; less than I would like; much less than I would like*; or *never*. | | | | | |
|  | **Statements** | *As much as I*  *would like* | *Less than I*  *would like* | *Much less than I*  *would like* | *Never* |
| **1** | I get visits from friends and relatives. |  |  |  |  |
| **2** | I get useful advice about important things in my life. |  |  |  |  |
| **3** | I get chances to talk to someone about problems at work or with my housework. |  |  |  |  |
| **4** | I get chances to talk to someone I trust about my personal and family problems. |  |  |  |  |
| **5** | I have people who care what happens to me. |  |  |  |  |
| **6** | I get love and affection. |  |  |  |  |
| **7** | I get support with house related work. |  |  |  |  |
| **8** | I get / would get help with money in an emergency. |  |  |  |  |
| **9** | I get help when I need transportation. |  |  |  |  |
| **10** | I get help when I am sick. |  |  |  |  |
|  |  | *All of the time* | *A lot of the time* | *Some of the time* | *Not at all* |
| **11** | My family, friends, and / or community rely on me financially. |  |  |  |  |
| **12** | My family, friends, and /or community rely on me emotionally. |  |  |  |  |
| 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. | | | | | |
|  |  | *Strongly agree* | *Agree* | *Disagree* | *Strongly*  *disagree* |
| **13** | I would lose friends. |  |  |  |  |
| **14** | My family would disown or neglect me. |  |  |  |  |
| **15** | My community would treat me like an outcast. |  |  |  |  |
| **16** | I would be treated badly at work or get sacked. (NA) |  |  |  |  |

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

**Forms Instruction**

The **Partner Social Support and Stigma** CRF should be completed at Enrollment and annual visits (Months 12 and 24). 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:**

|  |  |
| --- | --- |
| **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.” |
| **Items 1-12** | These questions refer to the participant's current situation, rather than a specific time period. If the statement has not occurred for the participant, ask him/her to give the response that reflects what would happen if the statement were to occur hypothetically. |
| **Items 13-16** | These statements may be difficult for the participant. Reassure him/her that the statement may or may not occur. We just want to know how they feel about each statement |
| **Item 16** | if the respondent is not employed, please mark NA |