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**Index Social Support and Stigma Visit Month**

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

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| 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 your feelings about having HIV. It may be difficult for you, but please try to give your best answer and be as honest as possible. Please tell me if you *strongly agree; agree; disagree*; or *strongly disagree* with the following eight statements. | | | | | |
|  |  | *Strongly agree* | *Agree* | *Disagree* | *Strongly*  *disagree* |
| **13** | It is difficult to tell other people about my HIV infection. |  |  |  |  |
| **14** | Being HIV-positive makes me feel immoral. |  |  |  |  |
| **15** | I feel guilty that I am HIV-positive. |  |  |  |  |
| **16** | I feel ashamed that I am HIV-positive. |  |  |  |  |
| **17** | I sometimes feel worthless because I am HIV-positive. |  |  |  |  |
| **18** | It is my own fault that I am HIV-positive. |  |  |  |  |
| **19** | I hide my HIV status from others. |  |  |  |  |
| **20** | I feel certain I can tell all sex partners that I have HIV. |  |  |  |  |

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

**Forms Instruction**

The **Index Social Support and Stigma** 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.” |
| **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 13-20** | These questions may be difficult for the participant. Reassure him/her that we do not have these beliefs about HIV-positive people. We are just trying to understand how much the participant is affected by potential stigma and want to know how they feel about each statement, even if it is not true. |