

SAMPLE. Do NOT FAX
TO DATAFAX



MTN 015 (143)

DEM-1 (001)

Participant ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	
Site Number				Participant Number						Chk	

Demographics

Visit Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
dd		MMM		yy	

1. What is the participant's date of birth?

NOT APPLICABLE FOR THIS PROTOCOL

male female

2. What is the participant's gender?

yes no

3. Do you earn an income of your own?

→ **If no, go to item 4.**

3a. How do you earn your income? *Mark all that apply.*

formal employment

self-employed

other, specify: _____

4. What is your highest level of education?

no schooling

primary school, not complete

primary school, complete

secondary, not complete

secondary, complete

attended college or university

5. How many children have you given birth to who were alive at birth?

yes no

6. Do you own your home?

7. How many rooms are in your household?

29-FEB-08

Language

Staff Initials / Date

Demographics (DEM-1)

Purpose: This form is used to document general demographic information.

General Information/Instructions: This form is completed once for each participant, at the Screening/ Enrollment visit.

Item-specific Instructions:

- **Item 2:** This item has already been completed based on the expected study population. Please skip this item.
- **Item 3a:** Record whether the participant's source(s) of income are from formal employment (e.g., shop clerk, farmer, seamstress, teacher), self-employment (e.g., shop owner, artist, restaurant owner), or other type of employment.
- **Item 5:** Record the total number of reported live births, not the total number of pregnancies, or other birth outcomes.
- **Item 6:** Record whether or not the participant or someone in her family owns the home where she lives.

SAMPLE. *DO NOT FAX TO DATAFAX*

MTN 015 (143)



DEM-2 (002)

Participant ID

- -
 Site Number Participant Number Chk

Demographics

8. Are you currently married? yes no
 If yes, go to item 10.

9. Do you currently have a male sexual partner? yes no
 If no, end of form.

10. How old is he? years OR don't know

11. Are you currently living with him? yes no

12. Does he have more than one wife or sexual partner? yes no don't know

13. Does he provide you with financial and/or material support? yes no

14. What is his highest level of education?

- no schooling
- primary school, not complete
- primary school, complete
- secondary, not complete
- secondary, complete
- attended college or university
- don't know

Demographics (DEM-2)

Item-specific Instructions:

- **Item 10:** If the participant does not know her husband/partner's exact age, record her best estimate. If she is unable to provide an estimate, mark the "don't know" box.
- **Item 13:** Record whether or not the participant's husband/partner provides her with any financial and/or material support. This will include things such as money, housing, food, household goods, etc.

SAMPLE. Do NOT FAX
TO DATAFAX



MTN 015 (143)

BBQ-1 (081)

Participant ID

Site Number			Participant Number						Chk	

Baseline Behavioral Questionnaire

Visit Date

dd		MMM		yy	

I am going to ask some questions about a number of different topics. Some of these questions are personal and sensitive, but understanding your answers to them is important for this study. There are no right or wrong answers to these questions, and all of your answers will be kept confidential. If answering these questions brings up any issues or questions that you would like to discuss further with me or other study clinicians or counselors, we will make time for that after this interview. Shall we continue?

1. Which family planning methods are you currently using? Mark "none" or all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> 1a. none → If none, go to item 2. | <input type="checkbox"/> 1g. sponge | <input type="checkbox"/> 1l. spermicide |
| <input type="checkbox"/> 1b. family planning pills or birth control pills | <input type="checkbox"/> 1h. IUD | <input type="checkbox"/> 1m. surgical sterilization (tubal ligation) |
| <input type="checkbox"/> 1c. injectable contraceptives (such as Depo-Provera) | <input type="checkbox"/> 1i. natural methods such as withdrawal or rhythm method | <input type="checkbox"/> 1n. sex with a partner who had a vasectomy |
| <input type="checkbox"/> 1d. implants (such as Norplant, jadelle) | <input type="checkbox"/> 1j. male condoms | <input type="checkbox"/> 1o. other, specify:
<i>Local Language:</i>
_____ |
| <input type="checkbox"/> 1e. vaginal ring | <input type="checkbox"/> 1k. female condoms | <i>English:</i>
_____ |
| <input type="checkbox"/> 1f. diaphragm | | |

2. In the past 3 months, how many men have you had vaginal or anal sex with? By vaginal sex, I mean when a man puts his penis inside your vagina. By anal sex, I mean when a man puts his penis inside your anus.

		→
--	--	---

If 00, go to statement above item 6 on page 2.

3. In the past 3 months, did you receive money, material goods, gifts, drugs, or shelter for vaginal sex?

yes	no	<i>refuse to answer</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In the past week, how many times did you have vaginal sex?

		→
--	--	---

If 00, go to statement above item 6 on page 2.

5. In the past week, how many times did you use a male or female condom during vaginal sex?

		# of times
--	--	------------

Baseline Behavioral Questionnaire (BBQ-1)

Item-specific Instructions:

- **Item 1:** Do not read response options to the participant. Mark the box(es) for all reported family planning methods being used by the participant. If the participant reports a method not listed, mark the “other, specify” box and record the participant’s verbatim response. Also provide the English translation in the space provided.
- **Item 2:** Use leading zeros when needed so that all the boxes are filled.
- **Item 3:** Record whether or not the participant received any financial and/or materials support in exchange for vaginal sex with any man. This includes things such as money, housing, food, household goods, etc.
- **Item 4:** Use leading zeros when needed so that all the boxes are filled.
- **Item 5:** Use leading zeros when needed so that all the boxes are filled. Review item 5 for mathematical consistency with item 4 (i.e., response to item 5 cannot be greater than response to item 4). If the two answers are not consistent, ask the participant the two questions again. Update the response accordingly if applicable.

SAMPLE. Do NOT FAX TO DATAFAX



MTN 015 (143)

BBQ-2 (082)

Participant ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
Site Number				Participant Number					Chk	

Baseline Behavioral Questionnaire

Now I am going to ask some questions about the last time you had vaginal sex.

6. When was the last time you had vaginal sex?.....

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
dd		MMM			yy		

7. The last time you had vaginal sex, did your partner use a male condom?

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

8. What is your relationship to the man with whom you last had vaginal sex?
Read each response option aloud.

<i>husband</i>	<i>boyfriend/ fiancé/ regular partner</i>	<i>friend</i>	<i>casual acquaintance</i>	<i>relative</i>	<i>other</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Was this man younger, about the same age, or older than you?

<input type="checkbox"/> younger	→	}	If younger, about the same age, or don't know, go to item 10.
<input type="checkbox"/> about the same age	→		
<input type="checkbox"/> older	→		
<input type="checkbox"/> don't know	→		

9a. Do you think he was less than 10 years older than you or 10 years or more older than you?

<input type="checkbox"/> less than 10 years
<input type="checkbox"/> 10 years or more

10. For how long have you had sexual relations with this man?
Read each response option aloud.

<i>less than a month</i>	<i>between 1 month and 6 months</i>	<i>more than 6 months but less than 12 months</i>	<i>one year or more</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Baseline Behavioral Questionnaire (BBQ-2)

Item-specific Instructions:

- **Item 6:** If, after verbal probing, the participant is unable to provide the day (or month, or year) she last had vaginal sex, draw a line through the unknown response boxes, write “don’t know” in the white space next to the item, and initial and date.

SAMPLE. Do NOT FAX TO DATAFAX



MTN 015 (143)

BBQ-3 (083)

Participant ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	
Site Number				Participant Number							Chk

Baseline Behavioral Questionnaire

11. Have you ever had anal sex? yes no **If no, go to item 14.**
12. When was the last time you had anal sex?
dd MMM yy
13. The last time you had anal sex, did your partner use a male condom? yes no
14. In the last 12 months, has your husband or regular partner ever slapped you, hit you, kicked you, thrown things at you, or done anything else to physically hurt you? yes no no husband/partner in past 12 months

Now I am going to ask some questions about your husband's or partner's HIV status.

15. Do you know your husband's HIV status? yes no I do not have a husband **If no or do not have a husband, go to item 18.**
16. What is his status? negative positive refuse to answer **If negative or refuse to answer, go to item 18.**
17. Has your husband taken HIV medication (ARVs) prescribed by a health care provider/doctor/nurse? yes no don't know refuse to answer
18. Do you know your partner's HIV status? By partner, I mean a man you have sex with on a regular basis, but who is not your husband. yes no I do not have a partner **If no or do not have a partner, go to item 21 on page 4.**

Baseline Behavioral Questionnaire (BBQ-3)

Item-specific Instructions:

- **Item 11:** Definition for anal sex: when a man puts his penis inside your anus.
- **Item 12:** If, after verbal probing, the participant is unable to provide the day (or month, or year) she last had anal sex, draw a line through the unknown response boxes, write “don’t know” in the white space next to the item, and initial and date.
- **Item 14:** If the participant has had no husband or regular partner in the past 12 months, select the “no husband/partner in past 12 months” response option.

SAMPLE. Do NOT FAX
TO DATAFAX



MTN 015 (143)

BBQ-4 (084)

Participant ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site Number			Participant Number				Chk	

Baseline Behavioral Questionnaire

19. What is his status? *negative* *positive* *refuse to answer* **If negative or refuse to answer, go to item 21.**
20. Has your partner taken HIV medication (ARVs) prescribed by a health care provider/doctor/nurse? *yes* *no* *don't know* *refuse to answer*

Now I am going to ask some questions about your HIV status.

21. Since you have been diagnosed, have you told any of the following people that you have HIV?

Read each response option 21b–21n aloud.

- | | | | | |
|-------------------------------------|------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> <i>yes</i> | <input type="checkbox"/> <i>no</i> | | 21a. I have told no one | → If yes, go to item 26 on page 7. |
| <input type="checkbox"/> <i>yes</i> | <input type="checkbox"/> <i>no</i> | <input type="checkbox"/> <i>N/A</i> | 21b. husband | → If no or N/A, do not ask items 22 and 23 on page 5. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21c. male partner/boyfriend | → If no or N/A, do not ask items 24 and 25 on page 6. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21d. sister | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21e. brother | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21f. mother | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21g. father | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21h. your children | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21i. other relative | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21j. friend or neighbor | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21k. church member | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21l. community elder | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21m. health care provider/doctor/nurse | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21n. other, specify: | |

Local Language: _____

English: _____

Baseline Behavioral Questionnaire (BBQ-4)

Item-specific Instructions:

- **Item 20:** Definition for anal sex: when a man puts his penis inside your anus.
- **Item 21:** If, after verbal probing, the participant is unable to provide the day (or month, or year) she last had anal sex, draw a line through the unknown response boxes, write “don’t know” in the white space next to the item, and initial and date.
- **Item 21a:** If the participant tells you she has not told anyone she has HIV, mark the “yes” box for 21a and go to item 26.
- **Item 21n:** If “other, specify” is marked, be sure to record the participant’s verbatim response. Also provide the English translation in the space provided.

SAMPLE. Do NOT FAX
TO DATAFAX



MTN 015 (143)

BBQ-5 (085)

Participant ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	
Site Number				Participant Number							Chk

Baseline Behavioral Questionnaire

No data recorded on this page

22. When did you tell your husband that you have HIV?
Read each response option aloud except "don't remember."

- immediately after learning I have HIV
- within 1 month of learning I have HIV
- more than 1 month but less than 1 year after diagnosis
- one year or more after diagnosis
- don't remember

23. Did your husband do any of the following after he learned you have HIV?
Read each response option aloud.

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| yes | no | |
| <input type="checkbox"/> | <input type="checkbox"/> | 23a. became angry |
| <input type="checkbox"/> | <input type="checkbox"/> | 23b. beat you |
| <input type="checkbox"/> | <input type="checkbox"/> | 23c. became very sad |
| <input type="checkbox"/> | <input type="checkbox"/> | 23d. moved out of the house |
| <input type="checkbox"/> | <input type="checkbox"/> | 23e. made you leave your house |
| <input type="checkbox"/> | <input type="checkbox"/> | 23f. suggested you see a doctor |
| <input type="checkbox"/> | <input type="checkbox"/> | 23g. started using a condom |
| <input type="checkbox"/> | <input type="checkbox"/> | 23h. refused to have sex with you |

yes	no	don't know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23i. took another partner or wife

yes	no	
<input type="checkbox"/>	<input type="checkbox"/>	23j. other, specify:

Local Language: _____

English: _____

Baseline Behavioral Questionnaire (BBQ-5)

Item-specific Instructions:

- **No data recorded on this page:** Mark this box if no data is recorded on this page other than the Participant ID and the Staff Initials/Date.
- **Item 23:** If the participant has had no husband or regular partner in the past 12 months, select the “no husband/partner in past 12 months” response option.
- **Item 23j:** If “other, specify” is marked, be sure to record the participant’s verbatim response. Also provide the English translation in the space provided.

SAMPLE *Do NOT FAX TO DATAFAX*



MTN 015 (143)

BBQ-6 (086)

Participant ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site Number			Participant Number				Chk	

Baseline Behavioral Questionnaire

No data recorded on this page

24. When did you tell your partner that you have HIV? By partner I mean a man you have sex with on a regular basis but who is not your husband.

Read each response option aloud except "don't remember."

- immediately after learning I have HIV
- within 1 month of learning I have HIV
- more than 1 month but less than 1 year after diagnosis
- one year or more after diagnosis
- don't remember

25. Did your partner do any of the following after he learned you have HIV?

Read each response option aloud.

- | | | |
|--------------------------|--------------------------|--|
| yes | no | |
| <input type="checkbox"/> | <input type="checkbox"/> | 25a. became angry |
| <input type="checkbox"/> | <input type="checkbox"/> | 25b. beat you |
| <input type="checkbox"/> | <input type="checkbox"/> | 25c. became very sad |
| <input type="checkbox"/> | <input type="checkbox"/> | 25d. moved out of the house |
| <input type="checkbox"/> | <input type="checkbox"/> | 25e. made you leave your house |
| <input type="checkbox"/> | <input type="checkbox"/> | 25f. suggested you see a doctor |
| <input type="checkbox"/> | <input type="checkbox"/> | 25g. started using a condom |
| <input type="checkbox"/> | <input type="checkbox"/> | 25h. refused to have sex with you |
| yes | no | <i>don't know</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 25i. took another partner or wife |
| yes | no | |
| <input type="checkbox"/> | <input type="checkbox"/> | 25j. other, specify: |

Local Language: _____

English: _____

Baseline Behavioral Questionnaire (BBQ-6)

Item-specific Instructions:

- **No data recorded on this page:** Mark this box if no data is recorded on this page other than the Participant ID and the Staff Initials/Date.
- **Item 25j:** If “other, specify” is marked, be sure to record the participant’s verbatim response. Also provide the English translation in the space provided.

SAMPLE. Do NOT FAX
TO DATAFAX



MTN 015 (143)

BBQ-7 (087)

Participant ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	
Site Number				Participant Number						Chk	

Baseline Behavioral Questionnaire

26. Have you seen a health care provider/doctor/nurse for HIV care or treatment since being diagnosed as HIV positive?.....
- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| | <i>yes</i> | <i>no</i> | <i>refuse to answer</i> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
27. Have you seen a traditional healer for HIV care or treatment since being diagnosed as HIV positive?
- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|
28. Have you taken any HIV medication (ARVs) prescribed by a health care provider/doctor/nurse since being diagnosed as HIV positive?
- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|
29. Have you taken any HIV medication (ARVs) prescribed by a traditional healer since being diagnosed as HIV positive?
- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|
30. Have you received help or support for any of the following from the government, churches, or other community organizations?

Read each response option aloud.

- | | | |
|--------------------------|--------------------------|--|
| <i>yes</i> | <i>no</i> | |
| <input type="checkbox"/> | <input type="checkbox"/> | 30a. food |
| <input type="checkbox"/> | <input type="checkbox"/> | 30b. clothing |
| <input type="checkbox"/> | <input type="checkbox"/> | 30c. housing |
| <input type="checkbox"/> | <input type="checkbox"/> | 30d. money other than study incentives/reimbursement |
| <input type="checkbox"/> | <input type="checkbox"/> | 30e. other, specify: |

Local Language: _____

English: _____

Baseline Behavioral Questionnaire (BBQ-7)

Item-specific Instructions:

- **Item 30d:** If the participant only received money as part of study incentives or study reimbursement, check “no” for response option 30d.
- **Item 30e:** If “other, specify” is marked, be sure to record the participant’s verbatim response. Also provide the English translation in the space provided.

SAMPLE. Do NOT FAX
TO DATAFAX



MTN 015 (143)

BBQ-8 (088)

Participant ID

--	--	--	--	--	--	--	--	--	--	--	--

Site Number Participant Number Chk

Baseline Behavioral Questionnaire

Now I am going to ask some questions about how you have been feeling lately, i.e., your emotions and feelings.

Read each response option aloud.

- | | <i>not at all</i> | <i>a little</i> | <i>quite a bit</i> | <i>extremely</i> | <i>don't understand/
don't know</i> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 31. During the past month how much would you say you have felt blue? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. During the past month how much would you say you have felt trapped or caught? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. During the past month how much would you say you have had difficulty falling or staying asleep? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. During the past month how much would you say you have worried too much about things? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. During the past month how much would you say your heart has been pounding or racing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. During the past month how much would you say you have cried easily? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. During the past month how much would you say you have felt hopeless about the future? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. During the past month how much would you say you have experienced dizziness, faintness, or weakness? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for completing the interview with me today.

29-FEB-08

01
Language

Staff Initials / Date

Baseline Behavioral Questionnaire (BBQ-8)

Item-specific Instructions:

- **Items 31–38:** These questions are an index of depression. The index assesses whether the respondent is depressed by summing responses to all the questions, not from a response to any individual item/question. Therefore, all questions must be asked.
 - For each item 31–38:
 - Read each item and response option exactly as it is worded.
 - Mark “don’t understand/don’t know” if the participant’s response is she does not know
 - Mark “don’t understand/don’t know” if the participant can’t answer the question because she does not understand the question
 - Mark “don’t understand/don’t know” if the participant answers the question but you think she did not understand the question. Also, mark the response box selected by the participant.
- **Item 31:** “Blue” means sad.
- **Item 32:** This question refers to feeling emotionally trapped and not physically “trapped or caught.”
- **Item 35:** This question refers to pounding or racing of one’s heart that is not a result of physical activity.
- **Item 38:** This question refers to a feeling of “dizziness, faintness, weakness” that is not a result of physical activity.

SAMPLE. Do NOT FAX
TO DATAFAX



Visit Code .

1

MTN 015 (143)

ATA-1 (151)

Participant ID

- -
Site Number Participant Number Chk

Antiretroviral Therapy Adherence

Visit Date

dd MMM yy

1. Have you been prescribed any HIV medication (ARVs) today or since the last visit?

yes no

If no, end of form. Do not fax pages 2-4.

2. When was the last time you missed taking any of your HIV medication (ARVs)?

- within the past week
- 1-2 weeks ago —▶ **If 1-2 weeks ago, go to item 5 on page 2.**
- 2-4 weeks ago —▶ **If 2-4 weeks ago, go to item 5 on page 2.**
- 1-3 months ago —▶ **If 1-3 months ago, go to item 5 on page 2.**
- more than 3 months ago —▶ **If more than 3 months ago, end of form. Do not fax pages 2-4.**
- never miss taking HIV medication (ARVs) —▶ **If never miss taking medicine, end of form. Do not fax pages 2-4.**
- don't know

3. During the past 4 days, **for how many days** have you missed taking **all your HIV medication (ARVs)**?

<i>none</i>	<i>1 day</i>	<i>2 days</i>	<i>3 days</i>	<i>4 days</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Some people find that they forget to take their HIV medication (ARVs) on weekend days. Did you miss any of your HIV medication (ARVs) last Saturday **or** Sunday?

yes no

Antiretroviral Therapy Adherence (ATA-1)

The intent of items 1–4 is to assess the participant’s access to and uptake of HIV care and treatment. The questions measure adherence to medication/ARVs and factors that influence adherence to ARVs.

SAMPLE. Do NOT FAX
TO DATAFAX

MTN 015 (143)



ATA-2 (152)

Visit Code

Participant ID

- -
Site Number Participant Number Chk

Antiretroviral Therapy Adherence

5. Now I'm going to ask you about the HIV medication (ARVs) you have been prescribed and if you have missed taking any of the HIV medication (ARVs) in the **past 2 weeks**, and in the **past 30 days**. If you only took a portion of a dose on one or more of these days, report the dose as being missed.

	Med code	Abbreviation/Name of your drugs	# of prescribed doses missed (past 2 weeks)	# of prescribed doses missed (past 30 days)
5a.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
5b.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
5c.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
5d.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
5e.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

6. How many days have you not been able to take your HIV medication (ARVs) in the **past 30 days** because you did not have pills and could not get more? # of days

yes no

7. Have you **taken any HIV** medication (ARVs) in the **past month**?

8. In the **past month**, how often have you **missed taking your HIV medication (ARVs)** because you:

Read each response option aloud.

	never	rarely	sometimes	often
8a. wanted to avoid side effects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b. could not follow dietary instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8c. were sharing ART with other family members and friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8d. religious beliefs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

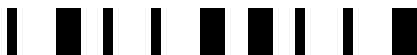
Antiretroviral Therapy Adherence (ATA-2)

The intent of items 5–8 is to assess the participant’s access to and uptake of HIV care and treatment. The questions measure adherence to medication/ARVs and factors that influence adherence to ARVs.

Item-specific Instructions:

- **Item 5:** Refer to the MTN 015 ART Medications Code List for medication codes.
 - A dose is the number of pills prescribed at an interval (e.g., two pills every 8 hours equals three doses per day). Record “00” if a dose was not missed.

SAMPLE. Do NOT FAX TO DATAFAX



Visit Code

MTN 015 (143)

ATA-3 (153)

Participant ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	
Site Number				Participant Number						Chk	

Antiretroviral Therapy Adherence

Read each response option aloud.

	<i>never</i>	<i>rarely</i>	<i>sometimes</i>	<i>often</i>
8e. do not fully understanding the regimen and its requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8f. were traveling away from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8g. had transportation problems getting to the clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8h. lost pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8i. had too many pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8j. had a bad event happen that you felt was related to taking the pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8k. forgot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8l. ran out of pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8m. were busy doing other things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8n. tired of taking too many pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8o. other illness or health problems got in the way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8p. stigmatization (what others may say or discover about my disease)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8q. fear of stigmatization within the home (e.g., not wanting the husband to know)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Antiretroviral Therapy Adherence (ATA-3)

Item-specific Instructions:

- **Item 8p:** This question refers to stigmatization from people outside one's family.

SAMPLE *DO NOT FAX*
TO DATAFAX

MTN 015 (143)



ATA-4 (154)

Visit Code

Participant ID

- -
Site Number Participant Number Chk

Antiretroviral Therapy Adherence

Read each response option aloud.

never *rarely* *sometimes* *often*

- 8r. pills got damaged from heat or getting wet?
- 8s. were too ill to attend clinic to collect drugs?
- 8t. pills getting stolen (e.g., while in transit in a taxi/ bus station)?
- 8u. having to wake up very early to commute and no time to eat?
- 8v. didn't think they would really work?
- 8w. were bothered by your dreams?
- 8x. clinic or doctor did not have pills for you?
- 8y. other, specify below:

Local Language: _____

English: _____

Antiretroviral Therapy Adherence (ATA-4)

Item-specific Instructions:

- **Item 8y:** If “other, specify” is marked, be sure to record the participant’s verbatim response. Also provide the English translation in the space provided.

SAMPLE *DO NOT FAX*
TO DATAFAX

MTN 015 (143)

■ ■ ■ ■ ■ ■ ■ ■ ■ ■ Visit Code

FBQ-1 (181)

Participant ID

- -
Site Number Participant Number Chk

Follow-up Behavioral Questionnaire

Visit Date

dd MMM yy

I am now going to ask you some questions about a number of different topics. Some of these questions are personal and sensitive, but understanding your answers to them is important for this study. There are no right or wrong answers to these questions, and all of your answers will be kept confidential. If answering these questions brings up any issues or questions that you would like to discuss further with me or other study clinicians or counselors, we will make time for that after this interview. Shall we continue?

- 1. Are you currently married? yes no → **If no, go to item 8 on page 2.**
- 2. Are you currently living with your husband? yes no

Your last interview was _____ (Interviewer will tell the respondent when her last interview was).

- 3. Are you married to the same man you told us about at your last interview in _____ (month of last interview from above)? yes no don't remember → **If yes, go to item 8 on page 2.**

- 4. Is your husband older, about the same age, or younger than you?
 - younger →
 - about the same age →
 - older →
 - don't know →
 → **If younger, about the same age, or don't know, go to item 5.**

4a. Do you think he is less than 10 years older than you or 10 years or more older than you?

- less than 10 years
- 10 years or more

- 5. Does your husband have more than one wife or sexual partner? yes no don't know

Follow-up Behavioral Questionnaire (FBQ-1)

Item-specific Instructions:

- **Items 1 and 2:** Emphasize “currently.”

SAMPLE. Do NOT FAX
TO DATAFAX

MTN 015 (143)



FBQ-2 (182)

Visit Code

1

Participant ID

- -
Site Number Participant Number Chk

Follow-up Behavioral Questionnaire

6. Does your husband provide you with financial and/or material support? *yes* *no*

7. What is your husband's highest level of education?

- no schooling
- primary school, not complete
- primary school, complete
- secondary school, not complete
- secondary school, complete
- attended college or university
- don't know

8. Do you currently have a partner? By partner, I mean a man you have sex with on a regular basis but who is not your husband. *yes* *no*

→ ***If no, go to statement above item 15 on page 4.***

9. Are you currently living with your partner? *yes* *no*

Your last interview was _____ (Interviewer will tell the respondent when her last interview was).

10. Is your current partner the male sexual partner you told us about at your last interview in _____ (month of last interview from above)? *yes* *no* *don't remember*

→ ***If yes, go to statement above item 15 on page 4.***

Follow-up Behavioral Questionnaire (FBQ-2)

Item-specific Instructions:

- **Item 6:** Record whether or not the participant's husband provides her with any financial and/or material support. This will include things such as money, housing, food, household goods, etc.
- **Item 8:** Emphasize "currently." Allow the woman to use her own definition of "regular partner."
- **Item 9:** Emphasize "currently."

SAMPLE. Do NOT FAX
TO DATAFAX



Visit Code

1

MTN 015 (143)

FBQ-3 (183)

Participant ID

- -
Site Number Participant Number Chk

Follow-up Behavioral Questionnaire

No data recorded on this page

11. Is your sexual partner younger, about the same age, or older than you?

younger about the same age older don't know

If younger, about the same age, or don't know, go to item 12.

11a. If older, do you think he is less than 10 years older than you or 10 years or more older than you?

less than 10 years 10 years or more

12. Does your partner have more than one wife or sexual partner? *yes no don't know*

13. Does your partner provide you with financial and/or material support? *yes no*

14. What is your partner's highest level of education?

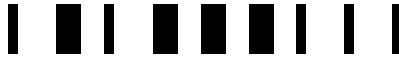
no schooling
 primary school, not complete
 primary school, complete
 secondary school, not complete
 secondary school, complete
 attended college or university
 don't know

Follow-up Behavioral Questionnaire (FBQ-3)

Item-specific Instructions:

- **No data recorded on this page:** Mark this box if no data is recorded on this page other than the Participant ID and the Staff Initials/Date.
- **Item 13:** Record whether or not the participant's partner provides her with any financial and/or material support. This will include things such as money, housing, food, household goods, etc.

SAMPLE. Do NOT FAX TO DATAFAX



Visit Code [][] . []

1

MTN 015 (143)

FBQ-4 (184)

Participant ID

[][][] - [][][][] - []
Site Number Participant Number Chk

Follow-up Behavioral Questionnaire

I am now going to ask you some questions about sexual behavior. Again, some of these questions are personal and sensitive, but understanding sexual behavior is important for this research study. There are no right or wrong answers to these questions, and all of your answers will be kept confidential. Shall we continue?

15. In the past 3 months, how many men have you had vaginal or anal sex with?

[][][] # of men

If 000, go to item 23 on page 5.

16. In the past week, how many times did you have vaginal sex?

[][] # of times

If 00, go to item 18.

17. In the past week, how many times did you use a male or female condom during vaginal sex?

[][] # of times

18. In the last 3 months, when was the last time you had vaginal sex?

[][] dd [][][] MMM [][][] yy

19. What is your relationship to the man with whom you last had sex? Read each response option aloud.

husband [] boyfriend/fiancé/regular partner [] friend [] casual acquaintance [] relative [] other []

20. Was this man younger, about the same age, or older than you?

[] younger [] about the same age [] older [] don't know

If younger, about the same age, or don't know, go to item 21 on page 5.

20a. Do you think he was less than 10 years older than you or 10 years or more older than you?

[] less than 10 years [] 10 years or more

Follow-up Behavioral Questionnaire (FBQ-4)

Item-specific Instructions:

- **Item 15:** Use leading zeros when needed so that all boxes are filled.
- **Item 16:** Use leading zeros when needed so that all boxes are filled.
- **Item 17:** Use leading zeros when needed so that all boxes are filled. Review item 17 for mathematical consistency with item 16 (i.e., response to item 17 cannot be greater than response to item 16). If the two answers are not consistent, ask the participant the two questions again. Update the response accordingly if applicable.
- **Item 18:** If, after verbal probing, the participant is unable to provide the day (or month, or year) she last had vaginal sex, draw a line through the unknown response boxes, write “don’t know” in the white space next to the item, and initial and date.

SAMPLE Do NOT FAX TO DATAFAX

MTN 015 (143)



FBQ-5 (185)

Visit Code [][] . []

1

Participant ID

[][][] - [][][][][] - []
Site Number Participant Number Chk

Follow-up Behavioral Questionnaire

21. The last time you had vaginal sex, did your partner use a male condom? yes no [] []

22. In the past 3 months, did you receive money, material goods, gifts, drugs, or shelter for vaginal sex? yes no refuse to answer [] [] []

23. In the past 3 months, did you have anal sex? yes no [] []

24. Which family planning methods are you currently using? Mark "none" or all that apply.

- 24a. none (If none, go to statement above item 25.)
24b. family planning pills or birth control pills
24c. injectable contraceptives (such as Depo-Provera)
24d. implants (such as Norplant, jadelle)
24e. vaginal ring
24f. diaphragm
24g. sponge
24h. IUD
24i. natural methods such as withdrawal or rhythm method
24j. male condoms
24k. female condoms
24l. spermicide
24m. surgical sterilization (tubal ligation)
24n. sex with a partner who had a vasectomy
24o. other, specify: Local Language:

English:

Now I am going to ask some questions about your husband's or partner's HIV status.

25. Do you know your husband's HIV status? yes no I do not have a husband [] [] [] If no or do not have a husband, go to item 28 on page 6.

26. What is his status? negative positive refuse to answer [] [] [] If negative or refuse to answer, go to item 28 on page 6.

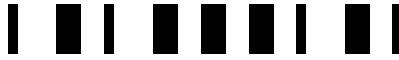
27. Since your last interview, has your husband taken HIV medication (ARVs) prescribed by a health care provider/doctor/nurse? yes no don't know refuse to answer [] [] [] []

Follow-up Behavioral Questionnaire (FBQ-5)

Item-specific Instructions:

- **Item 23:** Definition for anal sex: when a man puts his penis inside your anus.
- **Item 24:** These response options are not read aloud to the participant. Mark the box(es) for all reported family planning methods being used by the participant. If the participant reports a method not listed, mark the “other, specify” box and record the participant’s verbatim response. Also provide the English translation in the space provided.

SAMPLE Do NOT FAX TO DATAFAX



Visit Code [][] . []

1

MTN 015 (143)

FBQ-6 (186)

Participant ID

[][][] - [][][][][] - []
Site Number Participant Number Chk

Follow-up Behavioral Questionnaire

28. Do you know your partner's HIV status? By partner, I mean a man you have sex with on a regular basis, but who is not your husband. yes [] no [] I do not have a partner []
If no or do not have a partner, go to item 31.

29. What is his status? negative [] positive [] refuse to answer []
If negative or refuse to answer, go to item 31.

30. Since your last interview, has your partner taken HIV medication (ARVs) prescribed by a health care provider/doctor/nurse? yes [] no [] don't know [] refuse to answer []

31. Since your last interview, have you told any of the following people that you have HIV?

Read each response option 31b-31n aloud.

yes [] no []

31a. I have told no one —> If yes, go to item 36 on page 9.

yes [] no [] N/A []

31b. husband —> If no or N/A, do not ask items 32 and 33 on page 7.

[] [] []

31c. male partner/boyfriend —> If no or N/A, do not ask items 34 and 35 on page 8.

[] [] []

31d. sister

[] [] []

31e. brother

[] [] []

31f. mother

[] [] []

31g. father

[] [] []

31h. your children

[] [] []

31i. other relative

[] [] []

31j. friend or neighbor

[] [] []

31k. church member

[] [] []

31l. community elder

[] [] []

31m. health care provider/doctor/nurse

[] [] []

31n. other, specify:

Local Language: _____

English: _____

Follow-up Behavioral Questionnaire (FBQ-6)

Item-specific Instructions:

- **Item 31a:** If the participant tells you she has not told anyone she has HIV, mark the “yes” box for 31a and go to item 36.
- **Item 31n:** If “other, specify” is marked, be sure to record the participant’s verbatim response. Also provide the English translation in the space provided.

SAMPLE. Do NOT FAX
TO DATAFAX

MTN 015 (143)



FBQ-7 (187)

Visit
Code

1

Participant ID

- -
Site Number Participant Number Chk

**Follow-up Behavioral
Questionnaire**

No data recorded
on this page

Read each response option aloud except "don't remember."

32. When did you tell your husband that you have HIV?

- immediately after learning I have HIV
- within 1 month of learning I have HIV
- more than 1 month but less than 1 year after diagnosis
- one year or more after diagnosis
- don't remember

33. Did your husband do any of the following after he learned you have HIV?

Read each response option aloud.

yes no

- 33a. became angry
- 33b. beat you
- 33c. became very sad
- 33d. moved out of the house
- 33e. made you leave your house
- 33f. suggested you see a doctor
- 33g. started using a condom
- 33h. refused to have sex with you

don't
know

- yes no 33i. took another partner or wife
- 33j. other, specify:

Local Language: _____

English: _____

Follow-up Behavioral Questionnaire (FBQ-7)

Item-specific Instructions:

- **No data recorded on this page:** Mark this box if no data is recorded on this page other than the Participant ID and the Staff Initials/Date.
- **Item 33j:** If “other, specify” is marked, be sure to record the participant’s verbatim response. Also provide the English translation in the space provided.

SAMPLE. Do NOT FAX
TO DATAFAX

MTN 015 (143)



FBQ-8 (188)

Visit Code

1

Participant ID

- -
Site Number Participant Number Chk

Follow-up Behavioral Questionnaire

No data recorded on this page

34. When did you tell your partner that you have HIV? By partner I mean a man you have sex with on a regular basis but who is not your husband.
Read each response aloud except "don't remember."

- immediately after learning I have HIV
- within 1 month of learning I have HIV
- more than 1 month but less than 1 year after diagnosis
- one year or more after diagnosis
- don't remember

35. Did your partner do any of the following after he learned you have HIV?
Read each response option aloud.

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| yes | no | |
| <input type="checkbox"/> | <input type="checkbox"/> | 35a. became angry |
| <input type="checkbox"/> | <input type="checkbox"/> | 35b. beat you |
| <input type="checkbox"/> | <input type="checkbox"/> | 35c. became very sad |
| <input type="checkbox"/> | <input type="checkbox"/> | 35d. moved out of the house |
| <input type="checkbox"/> | <input type="checkbox"/> | 35e. made you leave your house |
| <input type="checkbox"/> | <input type="checkbox"/> | 35f. suggested you see a doctor |
| <input type="checkbox"/> | <input type="checkbox"/> | 35g. started using a condom |
| <input type="checkbox"/> | <input type="checkbox"/> | 35h. refused to have sex with you |

- | | | | |
|--------------------------|--------------------------|--------------------------|-----------------------------------|
| yes | no | don't know | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35i. took another partner or wife |
| <input type="checkbox"/> | <input type="checkbox"/> | | 35j. other, specify: |

Local Language: _____

English: _____

Follow-up Behavioral Questionnaire (FBQ-8)

Item-specific Instructions:

- **No data recorded on this page:** Mark this box if no data is recorded on this page other than the Participant ID and the Staff Initials/Date.
- **Item 35j:** If “other, specify” is marked, be sure to record the participant’s verbatim response. Also provide the English translation in the space provided.

SAMPLE. DO NOT FAX
TO DATAFAX

MTN 015 (143)



FBQ-9 (189)

Visit Code

Participant ID

- -
Site Number Participant Number Chk

Follow-up Behavioral Questionnaire

36. Since your last interview, have you seen a health care provider/ doctor/nurse for HIV care or treatment? *yes* *no* *don't know* *refuse to answer*
37. Since your last interview, have you seen a traditional healer for HIV care or treatment?
38. Since your last interview, have you taken any HIV medication (ARVs) prescribed by a health care provider/doctor/nurse?
39. Since your last interview, have you taken any HIV medication (ARVs) prescribed by a traditional healer?

40. Since your last interview, have you received help or support for any of the following from the government, churches, or other community organizations?

yes *no*

- 40a. food
- 40b. clothing
- 40c. housing
- 40d. money other than study incentives/reimbursement
- 40e. other, specify:

Local Language: _____

English: _____

Now I am going to ask some questions about how you have been feeling lately, i.e., your emotions and feelings.

Read each response option aloud.

41. During the past month how much would you say you have felt blue? *not at all* *a little* *quite a bit* *extremely* *don't understand/don't know*
42. During the past month how much would you say you have felt trapped or caught?

Follow-up Behavioral Questionnaire (FBQ-9)

Item-specific Instructions:

- **Items 36 and 37:** These questions assess the participant's access to HIV care and treatment, and utilization of HIV support services available in the community.
- **Items 38–40:** These questions assess the participant's access to HIV care and treatment, and utilization of HIV support services available in the community.
- **Items 41–42:** These questions are an index of depression. The index assesses whether the respondent is depressed by summing responses to all the questions, not from a response to any individual item/question. Therefore, all questions must be asked.
 - For each item 41–42:
 - Read each item and response option exactly as it is worded.
 - Mark “don't understand/don't know” if the participant's response is she does not know
 - Mark “don't understand/don't know” if the participant can't answer the question because she does not understand the question
 - Mark “don't understand/don't know” if the participant answers the question but you think she did not understand the question. Also, mark the response box selected by the participant.
- **Item 41:** “Blue” means sad.
- **Item 42:** This question refers to feeling emotionally trapped and not physically “trapped or caught.”

SAMPLE *Do NOT FAX*
TO DATAFAX

MTN 015 (143)



FBQ-10 (190)

Visit Code

Participant ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	
Site Number				Participant Number							Chk

Follow-up Behavioral Questionnaire

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---|
| | <i>not at all</i> | <i>a little</i> | <i>quite a bit</i> | <i>extremely</i> | <i>don't understand/
don't know</i> |
| 43. During the past month how much would you say you have had difficulty falling or staying asleep? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. During the past month how much would you say you have worried too much about things? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. During the past month how much would you say your heart has been pounding or racing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. During the past month how much would you say you have cried easily? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. During the past month how much would you say you have felt hopeless about the future? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. During the past month how much would you say you have experienced dizziness, faintness, or weakness? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for completing the interview with me today.

Follow-up Behavioral Questionnaire (FBQ-10)

Item-specific Instructions:

- **Items 43–48:** These questions are an index of depression. The index assesses whether the respondent is depressed by summing responses to all the questions, not from a response to any individual item/question. Therefore, all questions must be asked.
 - For each item 43–48:
 - Read each item and response option exactly as it is worded.
 - Mark “don’t understand/don’t know” if the participant’s response is she does not know
 - Mark “don’t understand/don’t know” if the participant can’t answer the question because she does not understand the question
 - Mark “don’t understand/don’t know” if the participant answers the question but you think she did not understand the question. Also, mark the response box selected by the participant.
- **Item 45:** This question refers to pounding or racing of one’s heart that is not a result of physical activity.
- **Item 48:** This question refers to a feeling of “dizziness, faintness, weakness” that is not a result of physical activity.