

LABEL											
OR											
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PHASE TWO PARTICIPANT CHECKLIST
(Positive Donor/Partner)

These questions ask about how you have been feeling during the past month. For each question, circle the letter next to the answer which best applies to you. This is not a test.

1. How have you been feeling in general? (during the past month)
 - a. In excellent spirits
 - b. In very good spirits
 - c. In good spirits mostly
 - d. I have been up and down in spirits a lot
 - e. In low spirits mostly
 - f. In very low spirits

2. Have you been bothered by nervousness or your "nerves"? (during the past month)
 - a. Extremely so -- to the point where I could not work or take care of things
 - b. Very much so
 - c. Quite a bit
 - d. Some -- enough to bother me
 - e. A little
 - f. Not at all

3. Have you been in firm control of your behavior, thoughts, emotions OR feelings? (during the past month)
 - a. Yes, definitely so
 - b. Yes, for the most part
 - c. Generally so
 - d. Not too well
 - e. No, and I am somewhat disturbed
 - f. No, and I am very disturbed

4. Have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile? (during the past month)
 - a. Extremely so -- to the point that I have just about given up
 - b. Very much so
 - c. Quite a bit
 - d. Some -- enough to bother me
 - e. A little bit
 - f. Not at all

5. Have you been under or felt you were under any strain, stress, or pressure? (during the past month)
- a. Yes -- almost more than I could bear or stand
 - b. Yes -- quite a bit of pressure
 - c. Yes -- some - more than usual
 - d. Yes -- some - but about usual
 - e. Yes - a little
 - f. Not at all
6. How happy, satisfied, or pleased have you been with your personal life? (during the past month)
- a. Extremely happy - could not have been more satisfied or pleased
 - b. Very happy
 - c. Fairly happy
 - d. Satisfied -- pleased
 - e. Somewhat dissatisfied
 - f. Very dissatisfied
7. Have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel, or of your memory? (during the past month)
- a. Not at all
 - b. Only a little
 - c. Some -- but not enough to be concerned or worried about
 - d. Some and I have been a little concerned
 - e. Some and I am quite concerned
 - f. Yes, very much so and I am very concerned
8. Have you been anxious, worried, or upset? (during the past month)
- a. Extremely so -- to the point of being sick or almost sick
 - b. Very much so
 - c. Quite a bit
 - d. Some -- enough to bother me
 - e. A little bit
 - f. Not at all
9. Have you been waking up fresh and rested? (during the past month)
- a. Every day
 - b. Most every day
 - c. Fairly often
 - d. Less than half the time
 - e. Rarely
 - f. None of the time

10. Have you been bothered by any illness, bodily disorder, pains, or fears about your health? (during the past month)
- a. All the time
 - b. Most of the time
 - c. A good bit of the time
 - d. Some of the time
 - e. A little of the time
 - f. None of the time
11. Has your daily life been full of things that were interesting to you? (during the past month)
- a. All the time
 - b. Most of the time
 - c. A good bit of the time
 - d. Some of the time
 - e. A little of the time
 - f. None of the time
12. Have you felt down-hearted and blue? (during the past month)
- a. All of the time
 - b. Most of the time
 - c. A good bit of the time
 - d. Some of the time
 - e. A little of the time
 - f. None of the time
13. Have you been feeling emotionally stable and sure of yourself? (during the past month)
- a. All of the time
 - b. Most of the time
 - c. A good bit of the time
 - d. Some of the time
 - e. A little of the time
 - f. None of the time
14. Have you felt tired, worn out, used-up, or exhausted? (during the past month)
- a. All of the time
 - b. Most of the time
 - c. A good bit of the time
 - d. Some of the time
 - e. A little of the time
 - f. None of the time

For each of the four questions below, note that the words at each end of the 0 to 10 scale describe opposite feelings. Circle the number along the bar which seems closest to how you have generally felt during the past month.

15. How concerned or worried about your HEALTH have you been? (during the past month)

0 1 2 3 4 5 6 7 8 9 10
|_|_|_|_|_|_|_|_|_|_|_|_|
Not concerned Very
at all concerned

16. How RELAXED or TENSE have you been? (during the past month)

0 1 2 3 4 5 6 7 8 9 10
|_|_|_|_|_|_|_|_|_|_|_|_|
Very relaxed Very
tense

17. How much ENERGY, PEP, VITALITY have you felt? (during the past month)

0 1 2 3 4 5 6 7 8 9 10
|_|_|_|_|_|_|_|_|_|_|_|_|
No energy Very
at all, energetic,
listless dynamic

18. How DEPRESSED or CHEERFUL have you been? (during the past month)

0 1 2 3 4 5 6 7 8 9 10
|_|_|_|_|_|_|_|_|_|_|_|_|
Very depressed Very
cheerful

The next questions ask about HTLV. Circle the letter next to the statement that best represents your answer.

19. As an overall danger to your health, how important do you consider your HTLV infection to be?

- a. Not at all important
- b. Not very important
- c. Somewhat important
- d. Very important

20. How worried are you that your HTLV infection could lead to AIDS?

- a. Not worried at all
- b. Not very worried
- c. Somewhat worried
- d. Very worried

21. How worried are you that your HTLV infection will lead to an illness not related to AIDS?

- a. Not worried at all
- b. Not very worried
- c. Somewhat worried
- d. Very worried

22. How worried are you that you could pass your HTLV infection to another person?

- a. Not worried at all
- b. Not very worried
- c. Somewhat worried
- d. Very worried

The next statements describe ideas and feelings about HTLV. Circle the letter to show whether you strongly agree, agree, disagree or strongly disagree with each statement.

23. I have felt significantly more depressed than my usual self as a result of learning about my HTLV infection.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

24. I feel angry about having an HTLV infection.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

25. My HTLV infection is a serious threat to my health.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

26. I have control over passing my HTLV infection to other people.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

For each of the following statements about HTLV-I and HTLV-II, circle "a" or "b" to show whether the statement is true or false.

27. **HTLV-I** is associated with:

- | | |
|--------------------------------|----------|
| Heart Disease | a. True |
| | b. False |
| Leukemia or
Blood Cancer | a. True |
| | b. False |
| Diabetes | a. True |
| | b. False |
| Neurologic or
Nerve Disease | a. True |
| | b. False |
| AIDS | a. True |
| | b. False |
| No Known
Disease | a. True |
| | b. False |

28. **HTLV-II** is associated with:

- | | |
|--------------------------------|----------|
| Heart Disease | a. True |
| | b. False |
| Leukemia or
Blood Cancer | a. True |
| | b. False |
| Diabetes | a. True |
| | b. False |
| Neurologic or
Nerve Disease | a. True |
| | b. False |
| AIDS | a. True |
| | b. False |
| No Known
Disease | a. True |
| | b. False |

29. Are you currently married or are you in a sexual relationship which has lasted for 6 months or longer?

- a. YES ----> Go to Question 30
- b. NO ----> STOP. Please give these papers to the nurse/counselor

30. In what year did you start having sexual relations with your current spouse or partner?
- 19 | _ | _ |
31. Have you told your partner/spouse about your HTLV infection?
- a. YES ----> Go to Question 32
 - b. NO ----> STOP. Please give these papers to the nurse/counselor
32. Has your partner had a blood test for HTLV?
- a. YES ----> Go to Question 33
 - b. NO ----> Why not? _____ Go to Question 34
 - c. Don't know ----> Go to Question 34
33. Who was the first to have a blood test for HTLV -- you or your partner?
- a. I was first
 - b. My partner was first
 - c. Don't know
34. Which statement best describes how your relationship has been affected by telling your partner about your HTLV infection?
- a. Our relationship has grown stronger
 - b. Our relationship has not been affected
 - c. Our relationship has grown worse
 - d. Our relationship ended because of my HTLV infection
 - e. Our relationship ended but it had nothing to do with HTLV
35. Which statement best describes how your sexual activity with your partner has been affected by telling your partner about HTLV infection?
- a. Our sexual activity is more satisfying
 - b. Our sexual activity has not been affected
 - c. Our sexual activity is less satisfying
 - d. Our sexual activity has ended because of my HTLV infection
 - e. Our sexual activity has ended but it had nothing to do with HTLV

**Thank you for taking time to participate in this study.
Please give these papers to the nurse/counselor.**