



Information Request for ACASI - CAPI - CASI Systems

We look forward to collaborating with you to develop a great system for your study.



Your Name

Your Title/Role

School/Institution

Study Name

Phone E-mail

System(s) Desired

- ACASI:** Audio Computer Assisted Self Interview
(Uses audio, participant listens to questions and selects answers.)
- CAPI:** Computer Assisted Personal Interview
(No audio, interviewer reads questions to participant and enters responses directly into the computer.)
- CASI:** Computer Assisted Self Interview
(No audio, participants reads questions and selects answers.)

Study Overview and Participants

What are the specific aims of your study?

Is your study HIV-related? Yes No

How many participants in study?

Will the participant come for one visit or multiple visits?
 One Visit Only
 Multiple Visits

If multiple visits, how many?

Are questionnaires identical for all visits? Yes No

If multiple visits, does data from a previous visit need to be available (read in) for the next visit?
 Yes No

How would you describe the literacy level of the participants?
 All participants can read all text on the screen
 Some participants can read, but not all
 None of the participants can read

Questionnaires and/or Instruments

If different study visits require different sets of questionnaires, please provide details.

Are the questionnaires available in an electronic format such as a Word document where we can 'cut and paste' the text? Yes No

When can you e-mail draft questionnaires to us?

When can you e-mail final, approved questionnaires to us?

Languages

What languages are required?

- English Spanish
- French Vietnamese

Other:

Are the questionnaires translated into all required languages? Yes No

When can you send us the translated questionnaires?

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Data

We need to know how you would like to receive the data and if you have names for the variables.

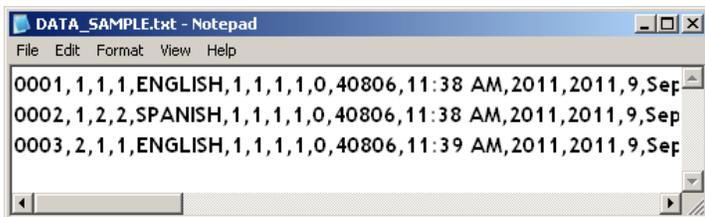
Although it is not required, you can specify your own variable names in advance. If not, we can easily assign a variable name that matches the question number.

Some people put the variable names right in the paper questionnaire (in a small font next to the question).

Will you provide variable names? Yes No

Please export data to: Comma-Delimited (,) Text File Pipe-Delimited (|) Text File

Sample comma-delimited data in a text file showing one record per line:



Participant Control

To what extent do you want a participant to be able to change an answer?

- I only want the participant to be able to go back within the **current section** to change an answer. (Recommended for longer questionnaires with several sections.)
- I want the participant to be able to go back to a **previously completed section** to change an answer.

If audio is required, as with an ACASI system, to what extent do you want a participant to be able to skip the audio?

I want to require the participant to **hear the entire question and responses** before being able to select an answer.

I want to require the participant to **hear the entire question only** before being able to select an answer.

You may view examples of each in our demo from our website: <http://acasi.tufts.edu>

I want the participant to have the ability to select an **answer immediately**, interrupting the audio at any point.

Audio

What are your plans for audio?

- We will provide you with audio because we wish to use the voice(s) of a local speaker. (Basic instructions for recording your own audio will be provided.)
- We do not require audio since we want a CAPI or CASI system.
- We want to pay you to record the English audio. (This will be at an hourly rate of approximately \$30/hour likely by a female with a New England accent.)

If you plan to provide the audio, when can you send us the audio files?

Do you want the participant to have a "Stop Questionnaire" button on the screen?

- Yes - I want the participant to have the ability to **STOP** the questionnaire at any time
- No - I do not want the participant to have a **STOP** button

Study Environment

Please describe the environment in which the participant will use the system (such as a private office, a community center, in the field, a quiet room a loud setting, a crowded area, etc.).



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Graphics/Images

What special graphics/images do you wish to provide us with for inclusion in your system? (such as logos, pictures of local people, locations, medications, drugs, foods, situations, etc.)

- Logo Other Graphics

Specify:

If you plan to provide us with graphics, when can you send us the graphic files?

Dates

It's best to start with a Pilot version for your review, with just a few questions, to test that the system is working as you desire on the equipment you plan to use.

Desired Pilot Test Date

Desired Test Date for Complete System

Desired Launch Date - Final

Funding

Sources of Funding:

What stage are you in the process?

- Already have funding
 Submitted application and waiting for funding decision
 Preparing application for submission on:

Equipment

Our system will run on a Windows-based computer. You can download and run our demo to test that it will run properly on your computer system.

What do you plan on using for input/data entry?

- Mouse Standard Keyboard
 Touch Screen Numeric Keypad

Other:

How many computers will this run on?

Equipment Availability: Do you currently own or have you already acquired the computers on which this will run?

- Yes
 No

Screen Resolution

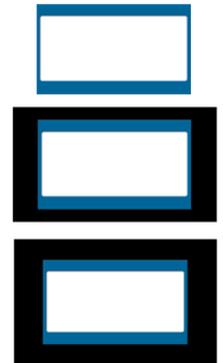
(also known as monitor size, or resolution)

Laptop, netbook and tablet screens come in a variety of sizes.



We will develop your system to a fixed screen resolution based on the dimensions you provide below.

Ideally, it's best to fill the screen. If you plan to use this on a variety of screen sizes, please provide information on the smallest sized screen and we will design to fill that size screen.



When used on larger screens, there will be a black border to fill the extra space as illustrated to the right.

What is your desired width and height?

Width (in pixels)

Height (in pixels)