

SPANISH VERSION

WOMEN'S INTERAGENCY HIV STUDY
DRUG FORM 2 – NON-ANTIRETROVIRAL MEDICATION USE

COMPLETE THIS FORM FOR EACH MEDICATION LISTED ON FORM F22MED,
QUESTIONS C1a, C1b AND C1c.

PARTICIPANT ID: []-[]-[]-[]-[]-[]-[]-[]-[]-[]
WIHS STUDY VISIT #: []-[]
FORM VERSION: 10/01/15
FORM COMPLETED BY: []-[]-[]
DATE COMPLETED: []-[]/[]-[]/[]-[]

SELECT THE SPECIFIC DRUG FOR WHICH INFORMATION WILL BE CAPTURED ON THIS FORM.

Inhaled Medications:

114 ___ Pentamidine (aerosolized)

Injected or Infused Medications:

091 ___ Foscarnet (Foscavir)
125 ___ Ganciclovir (DHPG, Cytovene IV)
232 ___ Nandrolone (Deca-Durabolin)
124 ___ Amphotericin B (Ampho B)
157 ___ Medication to increase white blood cell count (G-CSF, GM-CSF, Neupogen)
117 ___ Medication to increase red blood cell count (Erythropoietin, Epogen, Procrit, EPO)
242 ___ Pegylated interferon (PEGASYS, PEG-Intron, Peginterferon alfa-2a, Peginterferon alfa-2b)

Pills, Liquids or Creams:

112 ___ Bactrim (Septra, cotrimoxazole, trimethoprim-sulfamethoxazole, TMP/SMZ)
184 ___ Biaxin (clarithromycin)
113 ___ Dapsone
116 ___ Diflucan (fluconazole)
213 ___ Famvir (famciclovir)
125 ___ Ganciclovir (Cytovene, valganciclovir, Valcyte)
138 ___ INH (isoniazid)
190 ___ Mepron (atovaquone)
540 ___ Methadone
705 ___ Methyl-prednisolone (Medrol)
229 ___ Monistat (miconazole)
137 ___ Myambutol (ethambutol)
145 ___ Mycelex or Lotrimin (clotrimazole)
127 ___ Nizoral (ketoconazole)
144 ___ Nystatin (mycostatin)
228 ___ Oxandrin (oxandrolone)
707 ___ Prednisolone (Prelone)
704 ___ Prednisone (Deltasone)
182 ___ PZA (pyrazinamide)
235 ___ Rebetron (ribavirin & interferon alfa-2b)
093 ___ Rifabutin (mycobutin)
139 ___ Rifadin (rifampin)
169 ___ Sporanox (itraconazole)
230 ___ Terazol (terconazole)
198 ___ Valtrex (valacyclovir)
247 ___ Vfend (voriconazole)
152 ___ Zithromax (azithromycin)
146 ___ Zovirax (acyclovir)

PROMPT: INTERVIEWER, PLEASE RECORD HOW USE OF THIS MEDICATION WAS REPORTED.

SELF-REPORT1
PARTICIPANT BROUGHT WRITTEN LIST TO VISIT2
PARTICIPANT BROUGHT MEDICATION BOTTLES TO VISIT.....3
PARTICIPANT BROUGHT PHARMACY RECORD TO VISIT.....4
RECORD OBTAINED DIRECTLY FROM PHARMACY5
OTHER.....6

SPECIFY: _____

WIHSID#

____-____-____-____

Usted dijo que ha tomado (DROGA) desde su visita al estudio en (MES).

2. ¿Tomó usted esta medicina para tartar o prevvenir alguna de las siguientes condiciones médicas, enfermedades, o síntomas? (CIRCLE YES OR NO FOR EACH)

	<u>YES</u>	<u>NO</u>
a. Tuberculosis.....	1	2
b. Test cutáneo positivo para Tuberculosis	1	2
c. Pneumocystis Jirovecii o Pneumonia de Pneumocystis Carinii (PCP).....	1	2
d. Pneumonia, no-PPC	1	2
e. Mycobacterium Avium (MAC)	1	2
f. Otra condición.....	1	2 (Question 4)

SPECIFY: _____

4. **PROMPT: HAND PARTICIPANT RESPONSE CARD E1.**

¿Por cuánto tiempo usó usted (DROGA) desde su última visita?

- Una semana o menos..... 1
- Más de una semana, pero no más de un mes 2
- Uno a dos meses 3
- Tres a cuatro meses 4
- Cinco a seis meses 5
- Más de seis meses..... 6

5. ¿Está usted actualmente tomando (DROGA)?

- YES 1
- NO 2

PROMPT: AFTER A DRUG FORM 2 HAS BEEN COMPLETED FOR EACH NON-ANTIRETROVIRAL MEDICATION THE PARTICIPANT REPORTS SHE HAS TAKEN, GO BACK AND COMPLETE F22MED.