

WIHS ID#

B. Was this study one in which you were blinded to the treatment (in other words, you did not know the specific medications you were taking)?

Yes 1 STOP HERE
No 2

2. Were you taking this medication to treat or prevent any of the following medical conditions, illnesses, or symptoms? **(CIRCLE YES OR NO FOR EACH)**

		<u>YES</u>	<u>NO</u>
a.	Tuberculosis	1	2
b.	Positive skin test for TB (positive PPD)	1	2
c.	Pneumocystis Carinii Pneumonia (PCP)	1	2
d.	Pneumonia, non-PCP	1	2
e.	Mycobacterium Avium (MAC)	1	2

3. How often do/did you take this medication?

PROMPT: RECORD MOST RECENT NUMBER OF TIMES PER DAY OR TIMES PER WEEK OR TIMES PER MONTH OR TIMES PER YEAR.

Number of times per Day 1
Week 2
Month 3
Year 4

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

For how long did you use (DRUG) since your last visit?

1 week or less 1
More than 1 week but less than 1 month 2
1-2 months 3
3-4 months 4
5-6 months 5
More than 6 months 6

5. Are you currently taking (DRUG)?

Yes 1
No 2

PROMPT: GO BACK AND COMPLETE FORM 22