

**WOMEN'S INTERAGENCY HIV STUDY
NON-ANTIVIRAL MEDICATIONS - DRUG FORM 2**

COMPLETE THIS FORM FOR EACH MEDICATION LISTED IN FORM 22MED C1A – C1C.

PARTICIPANT ID: |_| - |_|_| - |_|_|_|_| - |_|

WIHS STUDY VISIT #: ___ ___

FORM VERSION: 10/01/04

FORM COMPLETED BY: _____ DATE COMPLETED: ___ ___ / ___ ___ / ___ ___

PROMPT: 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) | 157 ___ Medication to increase white blood cell count (G-CSF, GM-CSF, Neupogen) |
| 125 ___ Ganciclovir (DHPG, Cytovene IV) | 117 ___ Medication to increase red blood cell count (Erythropoietin, Epogen, Procrit, EPO) |
| 232 ___ Nandrolone (Deca-Durabolin) | 242 ___ Pegylated interferon (PEGASYS, PEG-Intron, Peginterferon alfa-2a, Peginterferon alfa-2b) |
| 090 ___ Interferon alfa-2b (Intron A) | |
| 124 ___ Amphotericin B (Ampho B) | |

Pills, Liquids or Creams:

- | | |
|---|---|
| 112 ___ Bactrim (Septra, TMP/SMX) | 127 ___ Nizoral (Ketoconazole) |
| 184 ___ Biaxin (Clarithromycin) | 144 ___ Nystatin (Mycostatin) |
| 153 ___ Cipro (Ciprofloxacin) | 228 ___ Oxandrin (Oxandrolone) |
| 113 ___ Dapsone | 702 ___ Prednisone (Deltasone) |
| 116 ___ Diflucan (Fluconazole) | 182 ___ PZA (Pyrazinamide) |
| 213 ___ Famvir (Famciclovir) | 235 ___ Rebetron (Ribavirin & Interferon alfa-2b) |
| 125 ___ Ganciclovir (Cytovene, valganciclovir, Valcyte) | 093 ___ Rifabutin (Mycobutin) |
| 138 ___ INH (Isoniazid) | 139 ___ Rifadin (Rifampin) |
| 154 ___ Lamprene (Clofazimine) | 169 ___ Sporanox (Itraconazole) |
| 190 ___ Mepron (Atovaquone) | 230 ___ Terazol (Terconazole) |
| 540 ___ Methadone | 198 ___ Valtrex (Valacyclovir) |
| 229 ___ Monistat (Miconazole) | 247 ___ Vfend (voriconazole) |
| 137 ___ Myambutol (Ethambutol) | 152 ___ Zithromax (Azithromycin) |
| 145 ___ Mycelex or Lotrimin (Clotrimazole) | 146 ___ Zovirax (Acyclovir) |

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

- Self Report 1
- Participant brought written list to visit 2
- Participant brought medication bottles to the visit 3
- Participant brought pharmacy record to visit 4
- Record obtained directly from pharmacy 5
- Other 6

SPECIFY: _____

1. You said you were taking (DRUG) since your (MONTH) study visit:

A. How did you get access to this medication? **CIRCLE ONE ANSWER.**

- Regular prescription 1 → GO TO Q2
- Compassionate use program 2 →
- Research study 3
- Other 4 → GO TO Q2

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)**

	YES	NO
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
f. Other condition	1	2 (Q3)

SPECIFY: _____

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 22MED