

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

WIHS ID#

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**)

		<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
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