

WIHSID#

_____|_____|_____|_____|_____|_____|_____|_____|

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 **(Question 2)**
- Compassionate use program..... 2 **(Question 2)**
- Research study..... 3
- Other..... 4 **(Question 2)**

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 (Question 3)

SPECIFY: _____

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

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