

WIHS ID #

B2. In the last 30 days, have you had any of the following infections?

	<u>YES</u>	<u>NO</u>
a. Pneumonia/lung infection.....	1	2
b. Skin infection	1	2
c. Brain infection/abnormal brain scan	1	2
d. Gonorrhea or Chlamydia	1	2
e. Any other type of infection	1	2 (C1)

Specify: _____

SECTION C: VACCINATIONS

C1. In the last 30 days, have you had any vaccinations?

YES	1
NO	2

SECTION D: MEDICATIONS

The previous questions asked about events in the last 30 days. In this next series of questions, I will be asking you about medications or substances you may have taken in the last **five** days.

D1. In the last five days, did you take any medicine for stomach acid or heartburn?

YES	1
NO	2 (D2)

HAND PARTICIPANT PK MEDICATION CARD A: STOMACH MEDICATIONS.

Did this include any of the following:

	<u>YES</u>	<u>NO</u>
a. Prilosec (Omeprazole).....	1	2
b. Prevacid (Lansoprazole).....	1	2
c. Tagamet (Cimetidine).....	1	2

D2. In the last five days, did you take any medicine for seizures?

YES	1
NO	2 (D3)

HAND PARTICIPANT PK MEDICATION CARD B: SEIZURE MEDICATIONS.

Did this include any of the following?

	<u>YES</u>	<u>NO</u>
a. Tegretol (Carbamazepine).....	1	2
b. Dilantin (Phenytoin).....	1	2
c. Felbatol (Felbamate).....	1	2
d. Mysoline (Primidone).....	1	2
e. Topamax (Topiramate).....	1	2
f. Mebaral (mephobarbital).....	1	2
g. Phenobarbital (Luminal, Solfoton).....	1	2

D3. In the last five days, did you take any medicine for blood pressure or for your heart?

YES 1
 NO 2 (D4)

HAND PARTICIPANT PK MEDICATION CARD C: HEART AND BLOOD PRESSURE MEDICATIONS.

Did this include any of the following:

	<u>YES</u>	<u>NO</u>
a. Amiodarone (Cordarone, Pacerone).....	1	2
b. Quinidine (Cardioquin, Quin-Tab, Quinadure, Quinaglute, Quinidex).....	1	2
c. Verapamil (Calan, Verelan, Covera, Isoptin).....	1	2
d. Diltiazem (Cardizem, Cartia, Dilacor, Tiamate, Tiazac)..	1	2
e. Nifedipine (Cardene).....	1	2
f. Nifedipine (Procardia, Adalat).....	1	2
g. Felodipine (Plendil).....	1	2

D4. In the last five days, did you take any medicine for cholesterol?

YES 1
 NO 2 (D5)

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HAND PARTICIPANT PK MEDICATION CARD D: CHOLESTEROL MEDICATIONS.

Did this include any of the following:

	<u>YES</u>	<u>NO</u>
a. Mevacor (Lovastatin)	1	2
b. Lipitor (atrovastatin)	1	2
c. Zocor (Simvastatin).....	1	2

D5. In the last five days, did you take medicine for anxiety, depression or your nerves?

YES 1
 NO 2 (D6)

HAND PARTICIPANT PK MEDICATION CARD E: PSYCH MEDICATIONS.

Did this include any of the following?

	<u>YES</u>	<u>NO</u>
a. Zyprexa (Olanzapine).....	1	2
b. Serzone (Nefazodone)	1	2
c. Luvox (Fluvoxamine).....	1	2
d. Zoloft (Sertraline).....	1	2
e. Celexa (Citalpram)	1	2
f. St. John's Wort (Amber, Goat weed, Hardhay, Klamath weed, Tipton weed).....	1	2

D6. HAND PARTICIPANT PK MEDICATION CARD F: PREDNISONE & TAMOXIFEN.

In the last five days, did you take a medicine to prevent breast cancer called Tamoxifen?

YES 1
 NO 2

D7. In the last five days, did you take Prednisone?

YES 1
 NO 2

D8. In the last five days, did you use a Duragesic (Fentanyl) patch for pain?

YES 1
 NO 2

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D9. In the last five days, did you take any antibiotics or antifungals or any other medicines to fight bacterial or fungal infections?

YES 1
NO 2 (D10)

HAND PARTICIPANT PK MEDICATION CARD G: ANTIBIOTICS.

Did this include any of the following:

	<u>YES</u>	<u>NO</u>
a. Erythromycin (e-mycin, Ilosone, Eryc, Erythromycin ethyl succinate or EES).....	1	2
b. Clarithromycin (Biaxin).....	1	2
c. Azithromycin (Zithromax).....	1	2
d. Dirithromycin (Dynabac).....	1	2
e. Norfloxacin (Noroxin).....	1	2
f. Ciprofloxacin (Cipro).....	1	2
g. Fluconazole (Diflucan).....	1	2
h. Itraconazole (Sporanox).....	1	2
i. Ketoconazole (Nizoral).....	1	2
j. Rifampin (Rifadin).....	1	2
k. Rifabutin (Mycobutin).....	1	2

D10. In the last five days, have you had:

	<u>YES</u>	<u>NO</u>
a. Grapefruits or grapefruit juice.....	1	2
b. Oranges or orange juice.....	1	2
c. Red wine.....	1	2

SECTION E: RECENT OB/GYN HISTORY

E1. Are you currently pregnant?

YES 1 (E5)
NO 2

E2. Have you been through menopause?

YES 1 (END FORM)
NO 2
DON'T KNOW -8

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E3. Are you currently menstruating?

YES 1

NO 2 **(E5)**

E4. When was the first day of your current period? Please try to remember as best you can.

___ / ___ / ___ **(END FORM)**
M D Y

E5. When was the first day of your most recent period? Please try to remember as best you can.

___ / ___ / ___
M D Y

E6. How many days did that period last? Please try to remember as best as you can.

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#DAYS