

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
d. Nexium (esomeprazole)	1	2
e. Aciphex (rabeprazole)	1	2
f. Protonix (pantoprazole).....	1	2
g. Zantac (ranitidine)	1	2
h. Pepcid (famotidine)	1	2
i. Imodium (loperamide).....	1	2
j. Reglan (metoclopramide).....	1	2

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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
h. Cerebyx (fosphenytoin).....	1	2
i. Depakote (valproate, valproic acid, depakene)	1	2
j. Versed (midazolam).....	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. Nicardipine (Cardene)	1	2
f. Nifedipine (Procardia, Adalat)	1	2
g. Felodipine (Plendil).....	1	2
h. Atenolol (Tenormin)	1	2

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

YES 1
NO 2 (D5)

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 (atorvastatin)	1	2
c. Zocor (simvastatin)	1	2
d. Lescol (fluvastatin).....	1	2
e. Pravachol (pravastatin).....	1	2
f. Lopid (gemfibrozil)	1	2
g. TriCor (fenofibrate).....	1	2
h. Colestid (colestipol)	1	2
i. Questran (cholestyramine)	1	2
j. Welchol (colesevelam).....	1	2
k. Niaspan (niacin)	1	2
l. Crestor (rosuvastatin)	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 (citalopram)	1	2
f. St. John's Wort (Amber, Goat weed, Hardhay, Klamath weed, Tipton weed).....	1	2
g. Prozac (fluoxetine)	1	2
h. Effexor (venlafaxine)	1	2

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D6. HAND PARTICIPANT PK MEDICATION CARD F: PREDNISONE, DEXAMETHASONE & 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 take Decadron (dexamethasone)?

- YES 1
- NO 2

D9. HAND PARTICIPANT PK MEDICATION CARD G: FENTANYL & METHADONE

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

- YES 1
- NO 2

D10. In the last five days, did you use Methadone (Dolophine, Methadose) for pain?

- YES 1
- NO 2

D11. 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 (D12)

HAND PARTICIPANT PK MEDICATION CARD H: ANTIBIOTICS.

Did this include any of the following: YES NO

- 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

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Did this include any of the following:	<u>YES</u>	<u>NO</u>
h. Itraconazole (Sporanox)	1	2
i. Ketoconazole (Nizoral)	1	2
j. Rifampin (Rifadin)	1	2
k. Rifabutin (Mycobutin).....	1	2
l. Bactrim (Septra, cotrimoxazole, trimethoprim-sulfamethoxazole, TMP/SMZ).....	1	2
m. Voriconazole (Vfend).....	1	2
n. Atovaquone (Mepron)	1	2
o. Mefloquine (Lariam)	1	2

D12. In the last 5 days, have you used any hormonal contraception?
 YES 1
 NO 2 **(D13)**

HAND PARTICIPANT PK MEDICATION CARD I: HORMONAL CONTRACEPTIVES

Did this include any of the following:	<u>YES</u>	<u>NO</u>
a. Ortho-Novum (Ethinyl estradiol/norethindrone acetate).....	1	2

D13. In the last five days, have you had:
YES NO
 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

E3. Are you currently menstruating?
 YES 1
 NO 2 **(E5)**

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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