

**WOMENS INTERAGENCY HIV STUDY**  
**INTENSIVE PK STUDY**  
**FORM PK03: RECENT ILLNESSES, CONCURRENT MEDICATIONS**  
**AND OB/GYN HISTORY**

**SECTION A: GENERAL INFORMATION**

- A1. PARTICIPANT ID: ENTER NUMBER HERE      |\_\_\_\_| - |\_\_\_\_|\_\_\_\_| - |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_| - |\_\_\_\_|  
 ONLY IF ID LABEL IS NOT AVAILABLE
- A2. LAST WIHS CORE VISIT #:      \_\_\_\_ - \_\_\_\_
- A3. VERSION DATE:      **1 0 / 0 1 / 1 1**
- A4. DATE OF INTERVIEW:      \_\_\_\_ M \_\_\_\_ / \_\_\_\_ D \_\_\_\_ / \_\_\_\_ Y \_\_\_\_
- A5. INTERVIEWER'S INITIALS:      \_\_\_\_ - \_\_\_\_ - \_\_\_\_
- 

**INTRODUCTION TO PARTICIPANT:**

Now, I am going to ask you some questions about your recent health history. I will be asking you a series of questions about symptoms or infections you may have had recently and about medicines you may have taken.

I would like to emphasize that all your answers are confidential, and the responses you provide will in no way affect your clinical care.

**SECTION B: MEDICAL SYMPTOMS AND INFECTIONS**

- B1. First, I'm going to ask you about some medical symptoms. In the last 30 days, have you had any of the following symptoms?

	<u>YES</u>	<u>NO</u>
a. Fever greater than 100°F or 38°C .....	1	2
b. Burning or pain when urinating.....	1	2
c. Diarrhea with 3 or more soft/liquid stools per day.....	1	2
d. Cough producing green or yellow spit .....	1	2
e. Runny or congested nose or sore throat .....	1	2
f. Sinus infection or sinusitis .....	1	2
g. Sores/ulcers inside mouth or on lips.....	1	2
h. Sores/ulcers on or around vagina or buttocks .....	1	2
i. Any other medical symptoms.....	1	2 <b>(B2)</b>

SPECIFY: \_\_\_\_\_

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:

YES      NO

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

WIHS ID #

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?      YES      NO

- |  |   |   |
|--|---|---|
| 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?      YES      NO

- |   |   |   |
|---|---|---|
| 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

**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

WIHS ID #

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 (Ethynodiol/norethindrone acetate) .....	1	2

D13. 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**

E1a. Have you ever had a hysterectomy?

YES ..... 1 (**END FORM**)  
NO ..... 2

WIHS ID #

E1b. Have you ever had a permanent sterilization procedure, such as tubal ligation (tubes tied) or Essure procedure?

YES ..... 1 (**E2**)

NO ..... 2

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**)

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.

\_\_\_\_\_

#DAYS