## WIHS - VIROLOGIC REBOUND AND RESISTANCE STUDY RECENT ILLNESSES AND MEDICATIONS FORM VRS 3

## **SECTION A: GENERAL INFORMATION**

A1.	PARTICIPANT ID:	-	.	-	_	_  -	]
A2.	WIHS STUDY VISIT #:				A2a.		VISIT1 WTH VRS VISIT2
A3.	FORM VERSION:	<u>1</u> M	<u>0</u> /	<u>0</u> D	<u>1</u> D	/ <u>0</u> Y	- <u>2</u> Y
A4.	DATE OF INTERVIEW:	M	<u>/</u> /	D	D	/ <u>Y</u>	Y Y
A5.	INTERVIEWER'S INITIA	LS:					

## **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

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					<u>YES</u>	<u>NO</u>
	g.	Sores/ulcers inside mouth or on lips			1	2
	h.	Sores/ulcers on or around vagina or buttock	ζS2Σ		1	2
	i.	Any other medical symptoms?			1	2
		Specify				
B2.	In the	e last 30 days, have you had any of the follow	ing infect	ions?		
			<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		
		Specify:				
		SECTION C: VACO	CINATIO	NS		
C1.	In the	last 30 days, have you had any vaccinations?				
		YES	1			
		NO	2			

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	S	SECTION D: MEDIC	ATIONS		
	ast series of questions asked abo bout medications or substances	-		-	ions, I will be asking
D1.	In the last 5 days, did you take	e any medicine for stom	ach acid o	or heartburn?	
	YES		1		
	NO		2 <b>(D2)</b>		
	HAND PARTICIPANT VRS	S DRUG CARD A: ST	ОМАСН	MEDICAT	IONS
	D1a. Did this include any of	f the following:	<u>YES</u>	<u>NO</u>	
	Prilosec (Omeprazole	e)	1	2	
	Prevacid (Lansoprazo	ole)	1	2	
	Tagamet (Cimetidine	)	1	2	
	HAND PARTICIPANT VRS	S DRUG CARD E: PS	YCH ME	DICATION	S
D2.	In the last 5 days, did you take Wort (Amber, Goat Weed, Ha				erves called St. John's
	YES		1		
	NO		2		
	HAND PARTICIPANT VRS	S MEDICATION CAI	RD F: PR	EDNISONE	& TAMOXIFEN
D3.	In the last 5 days, did you take	e a medicine to prevent	breast can	icer called Ta	moxifen?
	YES		1		
	NO		2		
D4.	In the last 5 days, did you take	e Prednisone?			
	YES		1		
	NO		2		

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D5.	In the	last 5 days, did you use a Duragesic (Fentanyl) patch for pain?		
		YES 1		
		NO2		
D6.		last 5 days, did you take any antibiotics or antifungals or any other reial or fungal infections?  YES	medicines	to fight
		NO		
	HAN	D PARTICIPANT VRS MEDICATION CARD G: ANTIBIOTIC	CS	
	D6a.	Did this include any of the following:	<u>YES</u>	<u>NO</u>
		Erythromycin (e-mycin, Ilosone, Eryc, Erythromycin ethyl succinate or EES)	1	2
		Clarithromycin (Biaxin).	1	2
		Azithormycin (Zithromax)	1	2
		Dirithromycin (Dynabac)	1	2
		Norfloxacin (Noroxin)	1	2
		Ciprofloxacin (Cipro).	1	2
		Fluconazole (Diflucan)	1	2
		Itraconazole (Sporanox)	1	2
		Ketoconazole (Nizoral)	1	2
		Rifampin (Rifadin)	1	2
		Rifabutin (Mycobutin)	1	2

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D7.	In the last 5 days, did you have	<u>YES</u>	<u>NO</u>
	Grapefruits or grapefruit juice	1	2
	Oranges or orange juice	1	2
	Red wine	1	2

END OF QUESTIONNAIRE