



WIHS ID#

	<u>YES</u>	<u>NO</u>
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
Specify _____		

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
Specify: _____		

**SECTION C: VACCINATIONS**

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

YES ..... 1

NO ..... 2

**SECTION D: MEDICATIONS**

The last series of questions asked about the last 30 days. In the next series of questions, I will be asking you about medications or substances you may have taken in the last 5 days.

D1. In the last 5 days, did you take any medicine for stomach acid or heartburn?

YES ..... 1

NO ..... 2 (D2)

**HAND PARTICIPANT VRS DRUG CARD A: STOMACH MEDICATIONS**

D1a. Did this include any of the following:

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

**HAND PARTICIPANT VRS DRUG CARD E: PSYCH MEDICATIONS**

D2. In the last 5 days, did you take a medicine for anxiety, depression or your nerves called St. John's Wort (Amber, Goat Weed, Hardhay, Klamath weed, Tipton weed)

YES ..... 1

NO ..... 2

**HAND PARTICIPANT VRS MEDICATION CARD F: PREDNISONE & TAMOXIFEN**

D3. In the last 5 days, did you take a medicine to prevent breast cancer called Tamoxifen?

YES ..... 1

NO ..... 2

D4. In the last 5 days, did you take 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

NO ..... 2

D6. In the last 5 days, did you take any antibiotics or antifungals or any other medicines to fight bacterial or fungal infections?

YES ..... 1

NO ..... 2 (D7)

**HAND PARTICIPANT VRS MEDICATION CARD G: ANTIBIOTICS**

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
Azithromycin (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**