

WOMEN'S INTERAGENCY HIV STUDY
ANTIVIRAL MEDICATIONS
DRUG FORM 1

COMPLETE THIS FORM FOR EACH MEDICATION LISTED IN FORM 22 F2.A.

PARTICIPANT ID: |_| - |_|_| - |_|_|_|_| - |_|

WIHS STUDY VISIT #: _ _

FORM VERSION: 1 0 / 0 1 / _

 9 9

M

D

Y

FORM COMPLETED BY: ___ ___ ___ DATE COMPLETED: ___ ___ / ___ ___ / ___ ___

PROMPT: SELECT THE SPECIFIC DRUG FOR WHICH INFORMATION WILL BE CAPTURED ON THIS FORM

Nucleoside/Nucleotide RTIs

- 204~ 3-TC (lamivudine, Epivir)
- 218~ Abacavir (Ziagen, 1592U89)
- 224~ Adefovir (Preveon, bis-POM PMPA, GS 840)
- 092~ AZT (Retrovir, zidovudine, ZDV)
- 227~ Combivir (AZT + 3TC)
- 159~ d4T (stavudine, Zerit)
- 094~ ddC (Hivid)
- 147~ ddl (Videx)

Other

- 207~ Hydroxyurea (Hydrea)
- ~ Other anti-viral (from Drug List 1)

Protease Inhibitors

- 219~ Amprenavir (141W94)
- 212~ Indinavir (Crixivan)
- 216~ Nelfinavir (Viracept)
- 211~ Ritonavir (Norvir)
- 210~ Saquinavir (Invirase, Fortovase)

WIHS ID#

Non-Nucleoside RTIs

194~ Delavirdine (Rescriptor, U-90)

220~ Efavirenz (Sustiva, DMP266)

191~ Nevirapine (Viramune)

Name of Drug: → Drug Code:

You said you have taken (DRUG) since your (MONTH) study visit:

1.A. Is this a new medication you have begun using since your (MONTH) study visit?

Yes.....1
No.....2 →

B. What was the date you began taking (DRUG)? I just need the month and year.

___ / ___
MONTH YEAR

2. A. Since your (MONTH) study visit, how did you get (DRUG)?

CIRCLE ONE ANSWER.

Regular Prescription.....1 →
Compassionate Use Program...2 →
Research Study.....3

blinded to the treatment (in other words, you did not know the specific medications you were taking)?

Yes.....1 →
No.....2

3. PROMPT: SHOW PARTICIPANT RESPONSE CARD D8.

B. Was this study one in which you were

Since your (MONTH) study visit, how long

WIHS ID#

[Empty box for WIHS ID#]

have you used (DRUG)?

CIRCLE ONE ANSWER.

- 1 week or less1
- More than 1 week but less than 1 month2
- 1-2 months3
- 3-4 months4
- 5-6 months5
- More than 6 months6

4. A. Are you currently taking (DRUG)?

- Yes 1 → **GO TO Q5**
- No2

B. Since your (MONTH) study visit, in what month and year did you most recently take (DRUG)?

___ / ___

MONTH YEAR

C. PROMPT: SHOW PARTICIPANT RESPONSE CARD D9.

What is the MAIN reason you stopped taking (DRUG)?

CIRCLE ONLY ONE RESPONSE.

- Prescription changes by physician.....
- My CD4+ was too high/viral load was too low.....2
- I felt too healthy.....3
- Medication not working.....4
- I am taking alternative medications.....5
- It caused unpleasant side effects.....
- Fear of drug/drug too toxic.....7
- Too hard to swallow.....8
- Tired of taking medications.....9
- Too complicated.....10
- Food/water restrictions too hard to follow11
- I can't afford it/have no insurance coverage.....12
- I'm having a baby.....13
- Personal decision.....14
- Family comes first, I don't have time for both.....15
- Family/friends thought I should not take it.....16

- Alcohol/drug use..... 17
- Any other reason 18

STOP HERE

5. PROMPT: IF THIS IS THE FIRST DRUG FORM 1 YOU ARE COMPLETING FOR THIS PARTICIPANT AT THIS VISIT, READ INTRODUCTION 1, OTHERWISE READ INTRODUCTION 2.

INTRODUCTION 1:

This section of the questionnaire asks about how you are currently taking (DRUG). Most people with HIV have many pills to take at different times during the day. Many people find it hard to always remember their pills.

I need to understand how people with HIV are really doing with their medication doses. Please tell me what you are actually doing. Don't worry about telling me that you don't take all your doses. I need to know what is really happening, not what you think I want to hear.

INTRODUCTION 2:

Now I'm going to ask you about how you are currently taking (DRUG).

CIRCLE ONE ANSWER EACH FOR 5A AND 5B.

A. According to your doctor, how many times a day are you *supposed* to take (DRUG)?

- Once per day..... 1
- Twice per day 2
- Three times per day..... 3
- Four times per day 4

B. In what dosage form do you take (DRUG)?

- Pills..... 1
- Packs..... 2
- Teaspoons..... 3

C. How many total (PILLS/PACKS/ TEASPOONS) are you *supposed* to take each day?

|_|_| total

6. Now I'm going to ask about how you took (DRUG) over the past three days.

A. How many times a day did you take this

WIHS ID#

medication as prescribed? If you took only a portion of a prescribed dose, please report that time(s) as being missed.

i. Yesterday (DAY):|_|_|
times

ii. 2 days ago (DAY): |_|_| times

iii. 3 days ago (DAY): |_|_| times

B. How many total (PILLS/PACKS/ TEASPOONS) did you take each day:

i. Yesterday (DAY): |_|_|

ii. 2 days ago (DAY): |_|_|

iii. 3 days ago (DAY): |_|_|

7. In the past three days, did you take more, less, or about the same amount of (DRUG) as your recent use? By recent use, I mean use over the past couple of months.

ore

ess

bout the same

M

1

L

2

A

3

PROMPTED FROM AID