

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: 0 4 / 0 1 / _

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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 (dideoxycytidine, Zalcitabine, Hivid)

- 147~ ddl (dideoxyinosine, Didanosine, Videx)

Other

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

Protease Inhibitors

- 219~ Amprenavir (Agenerase, 141W94)
- 212~ Indinavir (Crixivan)
- 216~ Nelfinavir (Viracept)

WIHS ID#

[Empty box for WIHS ID#]

- 211~ Ritonavir (Norvir)
- 210~ Saquinavir (Invirase, Fortovase)

- 220~ Efavirenz (Sustiva, DMP266)
- 191~ Nevirapine (Viramune)

Non-Nucleoside RTIs

194~ Delavirdine (Rescriptor, U-90)

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 → **GO TO Q2**

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 access to (DRUG)?

CIRCLE ONE ANSWER.

- Regular Prescription.....1 → **GO TO Q3**
- Compassionate Use Program...2 →
- Research Study3

you did not know the specific medications you were taking?

- Yes.....1 →
- No.....2

3. PROMPT: SHOW PARTICIPANT RESPONSE CARD E1.

B. Was this study one in which you were blinded to the treatment (in other words,

Since your (MONTH) study visit, how long have you used (DRUG)?

WIHS ID#

[Empty box for WIHS ID#]

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 E2.

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
Other reason..... 18

Specify
reason:

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.

CIRCLE ONE ANSWER EACH FOR 5A AND
5B.

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).

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 / Drops..... 3

C. How many total (PILLS/PACKS/
TEASPOONS/DROPS) 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.

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A. How many times a day did you take this 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/DROPS) did you take each day:

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

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

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

7. We are interested in finding out how your use of antiviral medications in the past 3 days compares to the way that you usually take your medications. In the past three days, did you take more, less, or about the same amount of (DRUG) as you usually do?

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bout the same

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PROMPTED FROM AID