

WIHS ID#

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141W94)

- 212~ Indinavir (Crixivan)
- 217~ Lopinavir (Kaletra, ABT-378)
- 216~ Nelfinavir (Viracept)
- 211~ Ritonavir (Norvir)
- 210~ Saquinavir (Invirase, Fortovase)

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 → GO TO Q2

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

____ / ____
MONTH YEAR

C. What was the main reason you had for starting to take (DRUG)?

Specify reason:

CIRCLE ONE ANSWER.

- Medication was easier to take 1
- My viral load went up2
- To alleviate side effects.....3
- To make other drugs more effective.....4 GO TO Q3
- Other reason.....5

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

CIRCLE ONE ANSWER.

- Regular Prescription.....1 →
- Compassionate Use Program...2 →

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Research Study3

B. Was this study one in which you were blinded to the treatment (in other words, you did not know the specific medications you were taking)?

STOP HERE

Yes..... 1 →

No2

3. PROMPT: SHOW PARTICIPANT RESPONSE CARD E1.

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

CIRCLE ONE ANSWER.

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

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

Yes 1 →

No 2

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

GO TO Q5

- 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.

PROMPTED BACK AND

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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