

**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 #:     \_\_\_   \_\_\_                     WIHS Core Visit .....1  
   3 Month VRS Visit.....2

FORM VERSION:                   1         0   /   0         1   /     \_\_\_  
  0         1    
   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**

- |  |  |
|--|--|
| <p>204~ Epivir (lamivudine, 3-TC)</p> <p>218~ Ziagen (abacavir, 1592U89)</p> <p>092~ Retrovir (AZT, zidovudine, ZDV)</p> <p>227~ Combivir (AZT + 3TC)</p> <p>159~ Zerit (stavudine, d4T)</p> <p>094~ Hivid (dideoxycytidine, zalcitabine, ddC)</p> | <p>147~ Videx / Videx EC<br/>(dideoxyinosine, didanosine, ddl)</p> <p>240~ Trizivir (abacavir + AZT + 3TC)</p> <p>234~ Tenofovir (disoproxil fumarate)</p> |
|--|--|

**Other**

WIHS ID#

207~ Droxia or Hydrea  
(hydroxyurea)

~ Other anti-viral (from Drug  
List 1)

Protease Inhibitors

219~ Agenerase (amprenavir,  
141W94)

212~ Crixivan (indinavir)

217~ Kaletra (lopinavir/ritonavir,  
ABT-378/r)

216~ Viracept (nelfinavir)

211~ Norvir (ritonavir)

210~ Invirase or Fortovase (saquinavir)

243 ~ Atazanavir (BMS-232632)

Non-Nucleoside RTIs

194~ Rescriptor (delavirdine, U-90)

220~ Sustiva (efavirenz, DMP266)

191~ Viramune (nevirapine)

Fusion Inhibitors

233 ~ T-20 (pentafuside)

Name of Drug:

→ Drug Code:

. . . . .

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

**GO TO Q2**

YES.....1

NO.....2 →

1. A. Is this either a new medication you  
have begun using or a previous  
medication that you have started  
re-using since your (MONTH)  
study visit?

B. What was the date you began  
taking (DRUG)? I just need the  
month and year.  
If this is a medication that you are  
re-using,  
please give me the most recent

[Empty box for WIHS ID#]

date that you began taking or re-using this medication.

\_\_\_ / \_\_\_  
MONTH YEAR

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

CIRCLE ONE ANSWER.

- Medication was easier to take 1.....
- My viral load went up .....2
- To alleviate side effects.....3
- To make other drugs more effective.....4
- Other reason.....5

Specify reason:  
\_\_\_\_\_

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 Study.....3

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)?

Yes.....1 →

No.....2

3. PROMPT: SHOW PARTICIPANT RESPONSE CARD

E1.

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

1.....

CIRCLE ONE ANSWER.

- 1 week or less.....1
- More than 1 week but less than 1 month.....2
- 1-2 months.....3
- 3-4 months.....4
- 5-6 months.....5
- More than 6 months.....6

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

**GO TO Q5**

Yes.....1

→

No.....2

B. Since your (MONTH) study visit, in what

WIHS ID#

[Empty box for WIHS ID#]

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.

not

Prescription changes by physician .....

My CD4+ was too high/viral load  
was too low .....

I felt too healthy.....

Medication not working .....

I am taking alternative  
medications .....

It caused ~~unpleasant~~ **STOP HERE** side effects.....

Fear of drug/drug too toxic .....

Too hard to swallow .....

Tired of taking medications.....

Too complicated .....

Food/water restrictions too hard

to follow .....11

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

take it.....16

Alcohol/drug use.....17

Other reason.....18

Specify reason:

\_\_\_\_\_

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.

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

i. Yesterday (DAY):

**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 / Drops.....3

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

|\_|\_| total

|\_|\_| times

ii. 2 days ago (DAY):

|\_|\_| times

iii. 3 days ago (DAY):

|\_|\_| times

B. How many total (PILLS/PACKS/

WIHS ID#

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?

More.....1

Less.....2

**PROMPT: GO BACK AND**

**COMPLETE FORM 22.**

About the same.....3