

**WOMEN'S INTERAGENCY HIV STUDY  
NON-ANTIVIRAL MEDICATIONS  
DRUG FORM 2**

COMPLETE THIS FORM FOR EACH MEDICATION LISTED IN FORM 22 F9.A –  
F9.C.

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.**

Inhaled Medications:

124 ~ Amphotericin B (Ampho B)

114 ~ Pentamidine (aerosolized)

Injected or Infused Medications:

091 ~ Foscarnet (Foscavir)

157 ~ Medication to increase white blood cell count (G-CSF, GM-CSF, Neupogen)

025 ~ Ganciclovir (DHPG, Cytovene)

232 ~ Nandralone (Deca-Durabolin)

090 ~ Interferon

117 ~ Medication to increase red blood cell count (Erythropoietin, Epogen, Procrit, EPO)

Pills or Liquids:

112 ~ Bactrim (Septra, SMP/TMX)

153 ~ Cipro (Ciprofloxacin)

184 ~ Biaxin (Clarithromycin)

113 ~ Dapsone

WIHS ID#

- |  |   |
|--|---|
| 116 ~ Diflucan (Fluconazole)             | 228 ~ Oxandrin (Oxandralone)                  |
| 213 ~ Famvir (Famcyclovir)               | 702 ~ Prednisone (Deltasone)                  |
| 138 ~ INH (Isoniazid)                    | 182 ~ PZA (Pyrazinamide)                      |
| 154 ~ Lamprene (Clofazimine)             | 235 ~ Rebetron (Ribavirin & Alpha Interferon) |
| 190 ~ Mepron (Atovaquone)                | 093 ~ Rifabutin (Mycobutin)                   |
| 540 ~ Methadone                          | 139 ~ Rifadin (Rifampin)                      |
| 229 ~ Monistat (Miconazole)              | 169 ~ Sporanox (Itraconazole)                 |
| 137 ~ Myambutol (Ethambutol)             | 230 ~ Terazol (Terconazole)                   |
| 145 ~ Mycelex or Lotrimin (Clotrimazole) | 198 ~ Valtrex (Valacyclovir)                  |
| 127 ~ Nizoral (Ketoconazole)             | 152 ~ Zithromax (Azithromycin)                |
| 144 ~ Nystatin (Mycostatin)              | 146 ~ Zovirax (Acyclovir)                     |

You said you were taking (DRUG) since your (MONTH) study visit:

1. A. How did you get access to this medication? **CIRCLE ONE ANSWER.**

- Regular prescription.....1 → GO TO Q2
- Compassionate use program .....2 →
- Research study .....3
- Other .....4 → GO TO Q2

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 → STOP HERE
- No.....2

2. Were you taking this medication to treat or prevent any of the following medical conditions, illnesses, or symptoms? (**CIRCLE YES OR NO FOR EACH**)

	<u>YES</u>	<u>NO</u>
a. Tuberculosis.....	1	2
b. Positive skin test for TB (positive PPD).....	1	2
c. Pneumocystis Carinii Pneumonia (PCP) .....	1	2
d. Pneumonia, non-PCP .....	1	2
e. Mycobacterium Avium (MAC) .....	1	2

3. How often do/did you take this medication?

WIHS ID#

**PROMPT: RECORD MOST RECENT NUMBER OF TIMES PER DAY OR TIMES PER WEEK OR TIMES PER MONTH OR TIMES PER YEAR.**

Number of times  __ __	per	Day.....	1
		Week.....	2
		Month.....	3
		Year.....	4

**4. PROMPT: HAND PARTICIPANT RESPONSE CARD E1.**

For how long did you use (DRUG) since your last visit?

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

**5. Are you currently taking (DRUG)?**

**PROMPT: GO BACK AND COMPLETE FORM 22**

Yes.....	1
No.....	2