

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

FORM VERSION:   1     0   /   0     1   /     
  0     0  

FORM COMPLETED BY: \_ \_ \_ DATE COMPLETED: \_ \_ / \_ \_  
/ \_ \_

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

Inhaled Medications:

114~ Pentamidine (aerosolized)

Injected or Infused Medications:

- 091~ Foscarnet (Foscavir)
- 125~ Ganciclovir (DHPG, Cytovene)
- 232~ Nandralone (Deca-Durabolin)
- 090~ Interferon
- 124~ Amphotericin B (Ampho B)
- 157 ~ Medication to increase white  
blood cell count (G-CSF, GM-CSF,  
Neupogen)
- 117 ~ Medication to increase red  
blood cell count (Erythropoietin,  
Epogen, Procrit, EPO)
- 242 ~ Pegylated interferon  
(PEGASYS, PEG-Intron A, Peg  
Interferon alpha-2a)

Pills, Liquids or Creams:

- 112~ Bactrim (Septra, TMP/SMX)
- 184~ Biaxin (Clarithromycin)

WIHS ID#

- |  |   |
|--|---|
| 153 ~ Cipro (Ciprofloxacin)              | 144 ~ Nystatin (Mycostatin)                   |
| 113 ~ Dapsone                            | 228 ~ Oxandrin (Oxandralone)                  |
| 116 ~ Diflucan (Fluconazole)             | 702 ~ Prednisone (Deltasone)                  |
| 213 ~ Famvir (Famcyclovir)               | 182 ~ PZA (Pyrazinamide)                      |
| 138 ~ INH (Isoniazid)                    | 235 ~ Rebetron (Ribavirin & Alpha Interferon) |
| 154 ~ Lamprene (Clofazimine)             | 093 ~ Rifabutin (Mycobutin)                   |
| 190 ~ Mepron (Atovaquone)                | 139 ~ Rifadin (Rifampin)                      |
| 540 ~ Methadone                          | 169 ~ Sporanox (Itraconazole)                 |
| 229 ~ Monistat (Miconazole)              | 230 ~ Terazol (Terconazole)                   |
| 137 ~ Myambutol (Ethambutol)             | 198 ~ Valtrex (Valacyclovir)                  |
| 145 ~ Mycelex or Lotrimin (Clotrimazole) | 152 ~ Zithromax (Azithromycin)                |
|  | 146 ~ Zovirax (Acyclovir)                     |
- 127 ~ Nizoral (Ketoconazole)

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	1	2
b. Positive skin test for TB (positive PPD) .....1	1	2
c. Pneumocystis Carinii Pneumonia (PCP) .....1	1	2
d. Pneumonia, non-PCP .....1	1	2
e. Mycobacterium Avium (MAC) .....1	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