

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 program2 → GO TO Q2
- Research study3
- Other4 → 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)?

- Yes1 → 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-PCP1 | 1 | 2 |
| e. Mycobacterium Avium (MAC)1 | 1 | 2 |

WIHS ID#

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

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 |