

WOMEN'S INTERAGENCY HIV STUDY

BASELINE VISIT

MEDICATION ADDENDUM

FORM 2a

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE

||-_|_|-_|_|_|_|-_|

A2. WIHS STUDY VISIT #:

__ __

A3. FORM VERSION:

0 8 / 1 5 / 9 4
M D Y

A4. INTERVIEWER'S INITIALS:

__ __ __

RECORD ADDITIONAL MEDICATIONS TAKEN BY THE PARTICIPANT.

MEDICINE:	REPORTED BY PARTICIPANT	BOTTLE SHOWN TO INTERVIEWER	BOTH
p. _____	1	2	3
q. _____	1	2	3
r. _____	1	2	3
s. _____	1	2	3
t. _____	1	2	3
u. _____	1	2	3
v. _____	1	2	3
w. _____	1	2	3
x. _____	1	2	3
y. _____	1	2	3
z. _____	1	2	3
aa. _____	1	2	3
bb. _____	1	2	3
cc. _____	1	2	3
dd. _____	1	2	3
ee. _____	1	2	3

WIHS ID#

MEDICINE:	<u>REPORTED BY PARTICIPANT</u>	<u>BOTTLE SHOWN TO INTERVIEWER</u>	<u>BOTH</u>
ff. _____	1	2	3
gg. _____	1	2	3
hh. _____	1	2	3
ii. _____	1	2	3
jj. _____	1	2	3
kk. _____	1	2	3
ll. _____	1	2	3
mm. _____	1	2	3
nn. _____	1	2	3
oo. _____	1	2	3
pp. _____	1	2	3
qq. _____	1	2	3
rr. _____	1	2	3
ss. _____	1	2	3
tt. _____	1	2	3
uu. _____	1	2	3
vv. _____	1	2	3
ww. _____	1	2	3
xx. _____	1	2	3
yy. _____	1	2	3
zz. _____	1	2	3

PROMPT: COMPLETE F22 ON FORM 2, PAGE 20