

WIHS ID#

- INSTRUCTIONS:**
- **READ:** I'm going to show you photos of some medications that may be taken to fight HIV.
 - **HAND PARTICIPANT PHOTO MEDICATION RESPONSE CARDS A AND D**
 - **POINT TO EACH MEDICATION WHILE READING F2 - F10**
 - **ASK SUBQUESTIONS a - b AND RECORD SOURCE AT c FOR EACH MEDICATION TAKEN**

Since your (MONTH) study visit, have you taken:	a. Are you still taking it?	b. Are you taking it as prescribed?	c. RECORD SOURCE
F2. AZT (ZDV, Zidovudine, Retrovir) alone? YES..... 1 NO..... 2 (F3) DK..... <-8> (F3)	YES..... 1 NO..... 2 (c) DK..... <-8> (c)	YES..... 1 NO..... 2 DK..... <-8>	BOTTLE 1 MED CARD 2 SELF REPORT 3 OTHER 4 _____ (SPECIFY)
F3. ddI (Videx, Didanosine) alone? YES..... 1 NO..... 2 (F4) DK..... <-8> (F4)	YES..... 1 NO..... 2 (c) DK..... <-8> (c)	YES..... 1 NO..... 2 DK..... <-8>	BOTTLE 1 MED CARD 2 SELF REPORT 3 OTHER 4 _____ (SPECIFY)
F4. AZT and ddI (combination) together? YES..... 1 NO..... 2 (F5) DK..... <-8> (F5)	YES..... 1 NO..... 2 (c) DK..... <-8> (c)	YES..... 1 NO..... 2 DK..... <-8>	BOTTLE 1 MED CARD 2 SELF REPORT 3 OTHER 4 _____ (SPECIFY)
F5. ddC (HIVID, zalcitabine) alone? YES..... 1 NO..... 2 (F6) DK..... <-8> (F6)	YES..... 1 NO..... 2 (c) DK..... <-8> (c)	YES..... 1 NO..... 2 DK..... <-8>	BOTTLE 1 MED CARD 2 SELF REPORT 3 OTHER 4 _____ (SPECIFY)

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Since your (MONTH) study visit, have you taken:	a. Are you still taking it?	b. Are you taking it as prescribed?	c. RECORD SOURCE
F6. AZT and ddC (combination) together? YES..... 1 NO..... 2 (F7) DK..... <-8> (F7)	YES 1 NO 2 (c) DK <-8> (c)	YES.....1 NO2 DK<-8>	BOTTLE 1 MED CARD 2 SELF REPORT 3 OTHER 4 _____ (SPECIFY)
F7. d4T (Stavudine, Zerit)? YES 1 NO..... 2 (F8) DK..... <-8> (F8)	YES 1 NO 2 (c) DK <-8> (c)	YES.....1 NO2 DK<-8>	BOTTLE 1 MED CARD 2 SELF REPORT 3 OTHER 4 _____ (SPECIFY)
F8. Nevirapine? YES 1 NO..... 2 (F9) DK..... <-8> (F9)	YES 1 NO 2 (c) DK <-8> (c)	YES.....1 NO2 DK<-8>	BOTTLE 1 MED CARD 2 SELF REPORT 3 OTHER 4 _____ (SPECIFY)
F9. HIVIG? YES 1 NO..... 2 (F10) DK..... <-8> (F10)	YES 1 NO 2 (c) DK <-8> (c)	YES.....1 NO2 DK<-8>	BOTTLE 1 MED CARD 2 SELF REPORT 3 OTHER 4 _____ (SPECIFY)
F10. HIV vaccine ? YES 1 NO..... 2 (F11) DK..... <-8> (F11)	YES 1 NO 2 (c) DK <-8> (c)	YES.....1 NO2 DK<-8>	BOTTLE 1 MED CARD 2 SELF REPORT 3 OTHER 4 _____ (SPECIFY)

- INSTRUCTIONS:**
- **READ:** I'm going to show you photos of some medications that may be taken to prevent or treat PCP. Only answer yes if you are taking the medication for treating or preventing PCP; please say no if you are taking the medication for any other reason.
 - **HAND PARTICIPANT PHOTO MEDICATION RESPONSE CARD B**
 - **POINT TO EACH MEDICATION WHILE READING F11 - F16**
 - **ASK SUBQUESTIONS a - c AND RECORD SOURCE AT d FOR EACH MEDICATION TAKEN**

Since your (MONTH) study visit, have you taken (MEDICATION) to prevent or treat PCP?	a. Were you or are you taking it to prevent PCP or to treat PCP?	b. Are you still taking it?	c. Are you taking it as prescribed?	d. RECORD SOURCE
F11. TMP/SMX (Bactrim/Septra)? YES..... 1 NO..... 2 (F12) DK..... <-8> (F12)	TO PREVENT PCP 1 TO TREAT PCP 2 DON'T KNOW <-8>	YES..... 1 NO 2 (d) DK <-8> (d)	YES 1 NO 2 DK <-8>	BOTTLE 1 MED CARD 2 SELF REPORT 3 OTHER 4 _____ (SPECIFY)
F12. Dapsone? YES..... 1 NO..... 2 (F13) DK..... <-8> (F13)	TO PREVENT PCP 1 TO TREAT PCP 2 DON'T KNOW <-8>	YES..... 1 NO 2 (d) DK <-8> (d)	YES 1 NO 2 DK <-8>	BOTTLE 1 MED CARD 2 SELF REPORT 3 OTHER 4 _____ (SPECIFY)
F13. Aerosolized or inhaled Pentamidine? YES..... 1 NO..... 2 (F14) DK..... <-8> (F14)	TO PREVENT PCP 1 TO TREAT PCP 2 DON'T KNOW <-8>	YES..... 1 NO 2 (d) DK <-8> (d)	YES 1 NO 2 DK <-8>	BOTTLE 1 MED CARD 2 SELF REPORT 3 OTHER 4 _____ (SPECIFY)
F14. IV Pentamidine, through a vein? YES..... 1 NO..... 2 (F15) DK..... <-8> (F15)	TO PREVENT PCP 1 TO TREAT PCP 2 DON'T KNOW <-8>	YES..... 1 NO 2 (d) DK <-8> (d)	YES 1 NO 2 DK <-8>	BOTTLE 1 MED CARD 2 SELF REPORT 3 OTHER 4 _____ (SPECIFY)

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Since your (MONTH) study visit, have you taken (MEDICATION) to prevent or treat PCP?	a. Were you or are you taking it to prevent PCP or to treat PCP?	b. Are you still taking it?	c. Are you taking it as prescribed?	d. RECORD SOURCE
F15. Atovaquone (Mepron)? YES..... 1 NO 2 (F16) DK <-8> (F16)	TO PREVENT PCP 1 TO TREAT PCP 2 DON'T KNOW <-8>	YES.....1 NO2 (d) DK<-8> (d)	YES.....1 NO2 DK<-8>	BOTTLE.....1 MED CARD2 SELF REPORT.....3 OTHER.....4 _____ (SPECIFY)
F16. Dapsone & Pyrimethamine (Daraprim) combination? YES..... 1 NO 2 (F17) DK <-8> (F17)	TO PREVENT PCP 1 TO TREAT PCP 2 DON'T KNOW <-8>	YES.....1 NO2 (d) DK<-8> (d)	YES.....1 NO2 DK<-8>	BOTTLE.....1 MED CARD2 SELF REPORT.....3 OTHER.....4 _____ (SPECIFY)

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- INSTRUCTIONS:**
- **READ:** Now I'm going to show you some more photos of medications.
 - **HAND PARTICIPANT PHOTO MEDICATION RESPONSE CARD C**
 - **POINT TO EACH MEDICATION WHILE READING F17 - F19**
 - **ASK SUBQUESTIONS a - b AND RECORD SOURCE AT c FOR EACH MEDICATION TAKEN**

Since your (MONTH) study visit, have you taken:	a. Are you still taking it?	b. Are you taking it as prescribed?	c. RECORD SOURCE
F17. Ketoconazole (Nizoral)? YES..... 1 NO..... 2 (F18) DK..... <-8> (F18)	YES 1 NO 2 (c) DK <-8> (c)	YES..... 1 NO 2 DK<-8>	BOTTLE..... 1 MED CARD 2 SELF REPORT 3 OTHER..... 4 _____ (SPECIFY)
F18. Itraconazole (Sporonax)? YES..... 1 NO..... 2 (F19) DK..... <-8> (F19)	YES 1 NO 2 (c) DK <-8> (c)	YES..... 1 NO 2 DK<-8>	BOTTLE..... 1 MED CARD 2 SELF REPORT 3 OTHER..... 4 _____ (SPECIFY)
F19. Fluconazole (Diflucan)? YES..... 1 NO..... 2 (F21) DK..... <-8> (F21)	YES 1 NO 2 (c) DK <-8> (c)	YES..... 1 NO 2 DK<-8>	BOTTLE..... 1 (F20) MED CARD 2 (F20) SELF REPORT 3 (F20) OTHER..... 4 (F20) _____ (SPECIFY)

F20. Were you or are you taking fluconazole to prevent or to treat an illness?

TO PREVENT 1
 TO TREAT 2
 DON'T KNOW.....<-8>

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INSTRUCTIONS: • **READ:** Now I'm going to ask you about an additional medication you may be taking to fight HIV.
 • **ASK SUBQUESTIONS a - b AND RECORD SOURCE AT c FOR EACH MEDICATION TAKEN**

Since your (MONTH) study visit, have you taken:	a. Are you still taking it?	b. Are you taking it as prescribed?	c. RECORD SOURCE
F21. 3TC (Lamivudine)?			
YES 1	YES 1	YES 1	BOTTLE..... 1
NO 2 (G1)	NO 2 (c)	NO 2	MED CARD 2
DK <-8> (G1)	DK <-8> (c)	DK <-8>	SELF REPORT 3
			OTHER..... 4

			(SPECIFY)

SECTION G: OTHER MEDICATIONS

G1. Please tell me the names of **all** the medicines you are taking **now**, either by mouth or by injection, that we haven't already talked about. This includes any psychiatric medicines you may be taking. I want to know about medicines your doctors prescribed and any medicines you take that a doctor didn't tell you to take. Also, please include alternative treatments.

ADDITIONAL MEDICINES LISTED?

YES 1
 NO 2 (G2)

SOURCE OF INFORMATION

MEDICINE:	<u>REPORTED BY PARTICIPANT</u>	<u>BOTTLE SHOWN TO INTERVIEWER</u>	<u>BOTH</u>
a. _____	1	2	3
b. _____	1	2	3
c. _____	1	2	3
d. _____	1	2	3
e. _____	1	2	3
f. _____	1	2	3
g. _____	1	2	3
h. _____	1	2	3
i. _____	1	2	3
j. _____	1	2	3
k. _____	1	2	3
l. _____	1	2	3
m. _____	1	2	3
n. _____	1	2	3
o. _____	1	2	3

PROMPT: IF THE PARTICIPANT USES MORE THAN 15 MEDICATIONS, USE THE ADDITIONAL SPACE PROVIDED ON FORM 2A, MEDICATION ADDENDUM

G2. TIME MODULE ENDED: _____:_____ AM 1
 PM 2

GO TO FORM 23