

- 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 FOR EACH MEDICATION TAKEN**

Since your (MONTH) study visit, have you taken:	a. Are you still taking it?	b. Are you or were you taking it as prescribed?	c. What is the main reason you are not or were not taking it as prescribed?
F2. AZT (ZDV, zidovudine, Retrovir)?  YES..... 1 NO..... 2 (F3) DK..... <-8> (F3)	YES.....1 NO.....2 DK..... <-8>	YES .....1 (F3) NO .....2 DK ..... <-8> (F3)	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other SPECIFY: _____
F3. ddI (didanosine, Videx)?  YES..... 1 NO..... 2 (F5) DK..... <-8> (F5)	YES.....1 NO.....2 DK..... <-8>	YES .....1 (F5) NO .....2 DK ..... <-8> (F5)	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other SPECIFY: _____
<b>F4. Question deleted</b>			
F5. ddC (zalcitabine, HIVID)?  YES..... 1 NO..... 2 (F7) DK..... <-8> (F7)	YES.....1 NO.....2 DK..... <-8>	YES .....1 (F7) NO .....2 DK ..... <-8> (F7)	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other SPECIFY: _____

WIHS ID#

Since your (MONTH) study visit, have you taken:	a. Are you still taking it?	b. Are you or were you taking it as prescribed?	c. What is the main reason you are not or were not taking it as prescribed?
<b>F6. Question deleted</b>			
F7. d4T (stavudine, Zerit)?  YES ..... 1 NO ..... 2 <b>(F8)</b> DK ..... <-8> <b>(F8)</b>	YES .....1 NO .....2 DK ..... <-8>	YES .....1 <b>(F8)</b> NO .....2 DK ..... <-8> <b>(F8)</b>	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other SPECIFY: _____
F8. nevirapine (Viramune)?  YES ..... 1 NO ..... 2 <b>(F11)</b> DK ..... <-8> <b>(F11)</b>	YES .....1 NO .....2 DK ..... <-8>	YES ..... 1 <b>(page 18)</b> NO ..... 2 DK ..... <-8> <b>(page 18)</b>	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other SPECIFY: _____
<b>F9. Question deleted</b>			
<b>F10. Question deleted</b>			

- 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 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 or were you taking it as prescribed?	d. What is the main reason you are not or were not taking it as prescribed?
F11. Bactrim/Septra, also known as trimethoprim-sulfa, TMP/SMX or SMZ/TMP?  YES..... 1 NO..... 2 <b>(F12)</b> DK..... <-8> <b>(F12)</b>	TO PREVENT PCP... 1 TO TREAT PCP ..... 2 DON'T KNOW ..... <-8>	YES ..... 1 NO ..... 2 DK ..... <-8>	YES .....1 <b>(F12)</b> NO .....2 DK ..... <-8> <b>(F12)</b>	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other SPECIFY: _____
F12. Dapsone?  YES..... 1 NO..... 2 <b>(F13)</b> DK..... <-8> <b>(F13)</b>	TO PREVENT PCP... 1 TO TREAT PCP ..... 2 DON'T KNOW ..... <-8>	YES ..... 1 NO ..... 2 DK ..... <-8>	YES .....1 <b>(F13)</b> NO .....2 DK ..... <-8> <b>(F13)</b>	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other SPECIFY: _____
F13. Aerosolized or inhaled Pentamidine?  YES..... 1 NO..... 2 <b>(F14)</b> DK..... <-8> <b>(F14)</b>	TO PREVENT PCP... 1 TO TREAT PCP ..... 2 DON'T KNOW ..... <-8>	YES ..... 1 NO ..... 2 DK ..... <-8>	YES .....1 <b>(F14)</b> NO .....2 DK ..... <-8> <b>(F14)</b>	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other SPECIFY: _____

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 or were you taking it as prescribed?	d. What is the main reason you are not or were not taking it as prescribed?
F14. IV Pentamidine, through a vein?  YES..... 1 NO..... 2 <b>(F15)</b> DK..... <-8> <b>(F15)</b>	TO PREVENT PCP... 1 TO TREAT PCP ..... 2 DON'T KNOW ..... <-8>	YES ..... 1 NO ..... 2 DK ..... <-8>	YES .....1 <b>(F15)</b> NO .....2 DK ..... <-8> <b>(F15)</b>	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other SPECIFY: _____
F15. atovaquone (Mepron)?  YES..... 1 NO ..... 2 <b>(F16)</b> DK ..... <-8> <b>(F16)</b>	TO PREVENT PCP... 1 TO TREAT PCP ..... 2 DON'T KNOW ..... <-8>	YES ..... 1 NO ..... 2 DK ..... <-8>	YES .....1 <b>(F16)</b> NO .....2 DK ..... <-8> <b>(F16)</b>	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other SPECIFY: _____
F16. Dapsone & Pyrimethamine (Daraprim) combination?  YES..... 1 NO ..... 2 <b>(page 20)</b> DK ..... <-8> <b>(page 20)</b>	TO PREVENT PCP... 1 TO TREAT PCP ..... 2 DON'T KNOW ..... <-8>	YES ..... 1 NO ..... 2 DK ..... <-8>	YES ..... 1 <b>(pg 20)</b> NO ..... 2 DK ..... <-8> <b>(pg 20)</b>	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other SPECIFY: _____

- 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 FOR EACH MEDICATION TAKEN**

Since your (MONTH) study visit, have you taken:	a. Are you still taking it?	b. Are you or were you taking it as prescribed?	c. What is the main reason you are not or were not taking it as prescribed?
<b>F17. ketoconazole (Nizoral)?</b>  YES..... 1 NO..... 2 <b>(F18)</b> DK..... <-8> <b>(F18)</b>	YES..... 1 NO .....2 DK ..... <-8>	YES ..... 1 <b>(F18)</b> NO .....2 DK ..... <-8> <b>(F18)</b>	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other SPECIFY: _____
<b>F18. itraconazole (Sporonax)?</b>  YES..... 1 NO..... 2 <b>(F19)</b> DK..... <-8> <b>(F19)</b>	YES..... 1 NO .....2 DK ..... <-8>	YES ..... 1 <b>(F19)</b> NO .....2 DK ..... <-8> <b>(F19)</b>	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other SPECIFY: _____
<b>F19. fluconazole (Diflucan)?</b>  YES..... 1 NO..... 2 <b>(F21)</b> DK..... <-8> <b>(F21)</b>	YES..... 1 NO .....2 DK ..... <-8>	YES ..... 1 <b>(F20)</b> NO .....2 DK ..... <-8> <b>(F20)</b>	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other 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>

- INSTRUCTIONS:**
- **READ:** Now I'm going to ask you about additional medications you may be taking to fight HIV.

Since your (MONTH) study visit, have you taken:	a. Are you still taking it?	b. Are you or were you taking it as prescribed?	c. What is the main reason you are not or were not taking it as prescribed?
<p>F21. 3TC (lamivudine, Epivir)?</p> <p>YES..... 1                      NO..... 2 (F22)                      DK..... &lt;-8&gt; (F22)</p>	<p>YES .....1                      NO.....2                      DK.....&lt;-8&gt;</p>	<p>YES ..... 1 (F22)                      NO..... 2                      DK..... &lt;-8&gt; (F22)</p>	<p>01 = It causes unpleasant physical effects or makes me feel sick                      02 = I don't think the medication works                      03 = My family/friends don't think I should take it                      04 = Sometimes I forget to take it                      05 = When I am feeling good, I don't think I need the medication                      06 = The cost of the medication                      07 = I lost or misplaced it                      08 = Other SPECIFY: _____</p>
<p>F22. saquinavir (Invirase, RO-31-8959)?</p> <p>YES..... 1                      NO..... 2 (F23)                      DK.....&lt;-8&gt; (F23)</p>	<p>YES .....1                      NO.....2                      DK.....&lt;-8&gt;</p>	<p>YES ..... 1 (F23)                      NO..... 2                      DK..... &lt;-8&gt; (F23)</p>	<p>01 = It causes unpleasant physical effects or makes me feel sick                      02 = I don't think the medication works                      03 = My family/friends don't think I should take it                      04 = Sometimes I forget to take it                      05 = When I am feeling good, I don't think I need the medication                      06 = The cost of the medication                      07 = I lost or misplaced it                      08 = Other SPECIFY: _____</p>
<p>F23. ritonavir (Norvir, ABT-538)?</p> <p>YES..... 1                      NO..... 2 (F24)                      DK.....&lt;-8&gt; (F24)</p>	<p>YES .....1                      NO.....2                      DK.....&lt;-8&gt;</p>	<p>YES ..... 1 (F24)                      NO..... 2                      DK..... &lt;-8&gt; (F24)</p>	<p>01 = It causes unpleasant physical effects or makes me feel sick                      02 = I don't think the medication works                      03 = My family/friends don't think I should take it                      04 = Sometimes I forget to take it                      05 = When I am feeling good, I don't think I need the medication                      06 = The cost of the medication                      07 = I lost or misplaced it                      08 = Other SPECIFY: _____</p>
<p>F24. indinavir (Crixivan, MK-639)?</p> <p>YES..... 1                      NO..... 2 (F25)                      DK.....&lt;-8&gt; (F25)</p>	<p>YES .....1                      NO.....2                      DK.....&lt;-8&gt;</p>	<p>YES ..... 1 (F25)                      NO..... 2                      DK..... &lt;-8&gt; (F25)</p>	<p>01 = It causes unpleasant physical effects or makes me feel sick                      02 = I don't think the medication works                      03 = My family/friends don't think I should take it                      04 = Sometimes I forget to take it                      05 = When I am feeling good, I don't think I need the medication                      06 = The cost of the medication                      07 = I lost or misplaced it                      08 = Other SPECIFY: _____</p>
<p>F25. nelfinavir (Viracept, AG-1343)?</p> <p>YES..... 1                      NO..... 2 (F26)                      DK.....&lt;-8&gt; (F26)</p>	<p>YES .....1                      NO.....2                      DK.....&lt;-8&gt;</p>	<p>YES ..... 1 (F26)                      NO..... 2                      DK..... &lt;-8&gt; (F26)</p>	<p>01 = It causes unpleasant physical effects or makes me feel sick                      02 = I don't think the medication works                      03 = My family/friends don't think I should take it                      04 = Sometimes I forget to take it                      05 = When I am feeling good, I don't think I need the medication                      06 = The cost of the medication                      07 = I lost or misplaced it                      08 = Other SPECIFY: _____</p>

**INSTRUCTIONS: ASK SUBQUESTIONS FOR EACH MEDICATION TAKEN**

Since your (MONTH) study visit, have you taken:	a. Are you still taking it?	b. Are you or were you taking it as prescribed?	c. What is the main reason you are not or were not taking it as prescribed?
F26. azithromycin (Zithromax)?  YES..... 1 NO..... 2 <b>(F27)</b> DK..... <-8> <b>(F27)</b>	YES .....1 NO.....2 DK..... <-8>	YES ..... 1 <b>(F27)</b> NO..... 2 DK..... <-8> <b>(F27)</b>	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other SPECIFY: _____
F27. rifabutin (Mycobutin)?  YES..... 1 NO..... 2 <b>(F28)</b> DK..... <-8> <b>(F28)</b>	YES .....1 NO.....2 DK..... <-8>	YES ..... 1 <b>(F28)</b> NO..... 2 DK..... <-8> <b>(F28)</b>	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other SPECIFY: _____
F28. acyclovir (Zovirax)?  YES..... 1 NO..... 2 <b>(F29)</b> DK..... <-8> <b>(F29)</b>	YES .....1 NO.....2 DK..... <-8>	YES ..... 1 <b>(F29)</b> NO..... 2 DK..... <-8> <b>(F29)</b>	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other SPECIFY: _____
F29. Megace (megestrol acetate)?  YES..... 1 NO..... 2 <b>(G1)</b> DK..... <-8> <b>(G1)</b>	YES .....1 NO.....2 DK..... <-8>	YES ..... 1 <b>(G1)</b> NO..... 2 DK..... <-8> <b>(G1)</b>	01 = It causes unpleasant physical effects or makes me feel sick 02 = I don't think the medication works 03 = My family/friends don't think I should take it 04 = Sometimes I forget to take it 05 = When I am feeling good, I don't think I need the medication 06 = The cost of the medication 07 = I lost or misplaced it 08 = Other 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**