

WOMEN'S INTERAGENCY HIV STUDY
ANTIVIRAL MEDICATIONS
DRUG FORM 1

COMPLETE THIS FORM FOR EACH MEDICATION LISTED IN FORM 22 F2.A.

PARTICIPANT ID: |_| - |_|_| - |_|_|_|_| - |_|

WIHS STUDY VISIT #: _ _

FORM VERSION: 0 4 / 0 1 / _

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FORM COMPLETED BY: ___ ___ ___ DATE COMPLETED: ___ ___ / ___ ___ / ___ ___

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

Nucleoside/Nucleotide RTIs

- 204~ 3-TC (lamivudine, Epivir)
- 218~ Abacavir (Ziagen, 1592U89)
- 224~ Adefovir (Preveon, bis-POM PMPA, GS 840)
- 092~ AZT (Retrovir, zidovudine, ZDV)
- 227~ Combivir (AZT + 3TC)
- 159~ d4T (stavudine, Zerit)
- 094~ ddC (Hivid)
- 147~ ddl (Videx)

Other

- 207~ Hydroxyurea (Hydrea)
- ~ Other anti-viral (from Drug List 1)

Protease Inhibitors

- 219~ Amprenavir (141W94)
- 212~ Indinavir (Crixivan)
- 216~ Nelfinavir (Viracept)
- 211~ Ritonavir (Norvir)
- 210~ Saquinavir (Invirase, Fortovase)

WIHS ID#

Non-Nucleoside RTIs

194~ Delavirdine (Rescriptor, U-90)

220~ Efavirenz (Sustiva, DMP266)

191~ Nevirapine (Viramune)

Name of Drug:	→ Drug Code:
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You said you have taken (DRUG) since your (MONTH) study visit:

B. What was the date you began taking (DRUG)? I just need the month and year.

1.A. Is this a new medication you have begun using since your (MONTH) study visit?

___ / ___
MONTH YEAR

Yes.....1 GO TO Q2
No.....2 →

2. A. Since your (MONTH) study visit, how did you get (DRUG)?

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)?

CIRCLE ONE ANSWER.

Regular Prescription.....1 STOP HERE
1 → GO TO Q3
Compassionate Use Program...2 →
Research Study.....3

Yes.....1 →
No.....2

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WIHS ID#

3. PROMPT: SHOW PARTICIPANT RESPONSE
CARD D8.

Since your (MONTH) study visit, how long
have you used (DRUG)?

CIRCLE ONE ANSWER.

- 1 week or less1
- More than 1 week but less
than 1 month2
- 1-2 months3
- 3-4 months4
- 5-6 months5
- More than 6 months.....6

4. A. Are you currently taking (DRUG)?

- Yes 1 → **GO TO Q5**
- No2

B. Since your (MONTH) study visit, in what
month and year did you most recently
take (DRUG)?

___ / ___
MONTH YEAR

PROMPT: SHOW PARTICIPANT RESPONSE
CARD D9.

What is the MAIN reason you stopped
taking (DRUG)?

CIRCLE ONLY ONE RESPONSE.

- Prescription changes by
physician 1
- My CD4+ was too high/viral load
was too low.....2
- I felt too healthy.....3
- Medication not working.....4
- I am taking alternative
medications.....5
- It caused unpleasant side effects..6
- Fear of drug/drug too toxic.....7
- Too hard to swallow.....8
- Tired of taking medications.....9
- Too complicated.....10
- Food/water restrictions too hard
to follow11
- I can't afford it/have no insurance
coverage.....12
- I'm having a baby.....13
- Personal decision.....14
- Family comes first, I don't have
time for both.....15

WIHS ID#

Family/friends thought I should
not
take it.....16
Alcohol/drug use.....17
Any other reason.....18

STOP HERE

5. **PROMPT: IF THIS IS THE FIRST DRUG FORM 1 YOU ARE COMPLETING FOR THIS PARTICIPANT AT THIS VISIT, READ INTRODUCTION 1, OTHERWISE READ INTRODUCTION 2.**

INTRODUCTION 1:

This section of the questionnaire asks about how you are currently taking (DRUG). Most people with HIV have many pills to take at different times during the day. Many people find it hard to always remember their pills. I need to understand how people with HIV are really doing with their medication doses. Please tell me what you are actually doing. Don't worry about telling me that you don't take all your doses. I need to know what is really happening, not what you think I want to hear.

INTRODUCTION 2:

Now I'm going to ask you about how you are currently taking (DRUG).

CIRCLE ONE ANSWER EACH FOR 5A AND 5B.

- A. According to your doctor, how many times a day are you supposed to take (DRUG)?
Once per day..... 1
Twice per day 2
Three times per day..... 3
Four times per day 4

- B. How many total pills are you supposed to take each day?
|_|_| total pills

PROMPT: ENTER "99" FOR

WIHS ID#

LIQUID DOSE.

Now I'm going to ask about how you took (DRUG) over the past 3 days.

A. How many times a day did you take this medication as prescribed? If you took only a portion of a prescribed dose, please report that time(s) as being missed.

i Yesterday (DAY):.....|_|_|
times

ii 2 days ago (DAY): |_|_| times

iii 3 days ago (DAY): |_|_| times

B. How many total pills did you take each day:

i Yesterday (DAY):.....|_|_|
pills

ii 2 days ago (DAY): |_|_| pills

iii 3 days ago (DAY): |_|_| pills

PROMPT: ENTER "99" FOR LIQUID DOSE.

7. In the past 3 days, did you take more, less, or about the same amount of (DRUG) as your recent use? By recent use, I mean use over the past couple of months.

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bout the
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PROMPT: GO BACK AND

A COMPLETE FORM 22.