

WOMEN'S INTERAGENCY HIV STUDY  
NON-ANTIVIRAL MEDICATIONS  
DRUG FORM 2

COMPLETE THIS FORM FOR EACH MEDICATION LISTED IN FORM 22 F9.A –  
F9.C.

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.**

Inhaled Medications:

124 ~ Amphotericin B (Ampho B)

114 ~ Pentamidine (aerosolized)

Injected or Infused Medications:

091 ~ Foscarnet (Foscavir)

157 ~ Medication to increase white blood cell count (G-CSF, GM-CSF, Neupogen)

025 ~ Ganciclovir (DHPG, Cytovene)

232 ~ Nandralone (Deca-Durabolin)

090 ~ Interferon

117 ~ Medication to increase red blood cell count (Erythropoietin, Epogen, Procrit, EPO)

Pills or Liquids:

112 ~ Bactrim (Septra, SMP/TMX)

184 ~ Biaxin (Clarithromycin)

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- |  |   |
|--|---|
| 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)                |
| 127 ~ Nizoral (Ketoconazole)             | 146 ~ Zovirax (Acyclovir)                     |

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 → | <b>GO TO Q2</b> |
| Compassionate use program ..... | 2 → |                 |
| Research study .....            | 3   |                 |

WIHS ID#

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)?

Yes .....1 → **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	2
b. Positive skin test for TB (positive PPD).....	1	2
c. Pneumocystis Carinii Pneumonia (PCP).....	1	2
d. Pneumonia, non-PCP.....	1	2
e. Mycobacterium Avium (MAC).....	1	2

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 D8.**

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)?

Yes .....1  
No.....2

WIHS ID#

PROMPT: *GO BACK AND COMPLETE FORM 22*