

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

COMPLETE THIS FORM FOR EACH MEDICATION LISTED IN FORM 22MED C1A – C1C.

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

WIHS STUDY VISIT #:       \_\_\_ \_\_\_                     WIHS Core Visit ..... 1  
   3 Month VRS Visit ..... 2

FORM VERSION:            1 0 / 0 1 / 0 3

FORM COMPLETED BY: \_\_\_ \_\_\_ \_\_\_                     DATE COMPLETED: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

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

**Inhaled Medications:**

114 \_\_\_ Pentamidine (aerosolized)

**Injected or Infused Medications:**

091 ___ Foscarnet (Foscavir)	157 ___ Medication to increase white blood cell count (G-CSF, GM-CSF, Neupogen)
125 ___ Ganciclovir (DHPG, Cytovene)	117 ___ Medication to increase red blood cell count (Erythropoietin, Epogen, Procrit, EPO)
232 ___ Nandrolone (Deca-Durabolin)	242 ___ Pegylated interferon (PEGASYS, PEG-Intron, Peginterferon alfa-2a, Peginterferon alfa-2b)
090 ___ Interferon alfa-2b (Intron A)	
124 ___ Amphotericin B (Ampho B)	

**Pills, Liquids or Creams:**

112 ___ Bactrim (Septra, TMP/SMX)	127 ___ Nizoral (Ketoconazole)
184 ___ Biaxin (Clarithromycin)	144 ___ Nystatin (Mycostatin)
153 ___ Cipro (Ciprofloxacin)	228 ___ Oxandrin (Oxandralone)
113 ___ Dapsone	702 ___ Prednisone (Deltasone)
116 ___ Diflucan (Fluconazole)	182 ___ PZA (Pyrazinamide)
213 ___ Famvir (Famcyclovir)	235 ___ Rebetron (Ribavirin & Interferon alfa-2b)
138 ___ INH (Isoniazid)	093 ___ Rifabutin (Mycobutin)
154 ___ Lamprene (Clofazimine)	139 ___ Rifadin (Rifampin)
190 ___ Mepron (Atovaquone)	169 ___ Sporanox (Itraconazole)
540 ___ Methadone	230 ___ Terazol (Terconazole)
229 ___ Monistat (Miconazole)	198 ___ Valtrex (Valacyclovir)
137 ___ Myambutol (Ethambutol)	152 ___ Zithromax (Azithromycin)
145 ___ Mycelex or Lotrimin (Clotrimazole)	146 ___ Zovirax (Acyclovir)

1. You said you were taking (DRUG) since your (MONTH) study visit:

A. How did you get access to this medication? **CIRCLE ONE ANSWER.**

Regular prescription ..... 1 → **GO TO Q2**

Compassionate use program ..... 2 → **GO TO Q2**

Research study ..... 3

Other ..... 4 → **GO TO Q2**

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 →  
No ..... 2

**STOP HERE**

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
f.	Other condition .....	1		2 (Q3)

SPECIFY: \_\_\_\_\_

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 E1.**

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

**PROMPT: GO BACK AND COMPLETE FORM 22MED**