

WIHSID#

____-____-____-____-____

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

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 Jirovecii or Pneumocystis Carinii Pneumonia (PCP).....	1	2
d. Pneumonia, non-PCP	1	2
e. Mycobacterium Avium (MAC)	1	2
f. Other condition	1	2 (Question 4)

SPECIFY: _____

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: AFTER A DRUG FORM 2 HAS BEEN COMPLETED FOR EACH NON-ANTIRETROVIRAL MEDICATION THE PARTICIPANT REPORTS SHE HAS TAKEN, GO BACK AND COMPLETE F22MED.