

WOMEN'S INTERAGENCY HIV STUDY  
HEPATITIS MEDICATIONS  
DRUG FORM 3

COMPLETE THIS FORM FOR EACH MEDICATION LISTED IN FORM 22 MED B11.

PARTICIPANT ID: [ ]-[ ][ ]-[ ][ ][ ][ ]-[ ]

WIHS STUDY VISIT #: [ ] [ ] WIHS Core Visit . . . . . 1  
3 Month VRS Visit . . . . . 2

FORM VERSION:  $\frac{1}{M} \frac{0}{D} / \frac{0}{D} \frac{1}{Y} / \frac{0}{D} \frac{2}{Y}$

FORM COMPLETED BY: [ ] [ ] [ ] DATE COMPLETED: [ ] [ ] / [ ] [ ] / [ ] [ ]

**PROMPT: SELECT THE SPECIFIC DRUG FOR WHICH INFORMATION WILL BE CAPTURED ON THIS FORM AND ENTER THAT CODE IN THE BOX INDICATED BELOW.**

- 090\_\_ Interferon (Intron A)
- 242\_\_ Pegylated interferon (PEGASYS or Peg interferon alfa 2a)  
(PEG-Intron or Peg interferon alfa 2b)
- 058\_\_ Ribavirin (Rebetol)
- 704\_\_ Rebetron (Ribavirin and interferon alfa 2b)
- 705\_\_ Epivir (lamivudine, 3-TC)
- 234\_\_ Tenofovir (Viread, bis-POC-PMPA)
- 706\_\_ Adefovir (Preveon, bis-POM PMPA, GS 840)
- 239\_\_ FTC (Entricitabine, Corviracil)
- 708\_\_ Infergen (interferon alfacon-1)
- 707\_\_ Famciclovir

Drug code: [ ][ ][ ]

1. When did you start taking (DRUG)? I just need a month and year.  
[ ] [ ] / [ ] [ ] [ ] [ ]  
M Y

2. Are you currently taking (DRUG)?

YES ..... 1 → **GO TO Q3**

NO ..... 2

a) When was the last time you took (DRUG)? I just need a month and year.

\_\_\_\_ / \_\_\_\_  
M Y

b) What was the MAIN reason or reasons you stopped taking (DRUG)? If you stopped this drug more than once, tell me only about the most recent time.

**CIRCLE RESPONSES.**

Successfully completed therapy (the virus cleared) ..... 1

Therapy unsuccessful ..... 2

Low white blood cell count (leukopenia) ..... 3

Low red blood cell count (anemia)... ..... 4

Psychological side effects. .... 5

I'm having a baby ..... 6

Health care provider stopped it, but I don't know why ... 7

Other reason ..... 8

Specify reason:

\_\_\_\_\_

3. I would like for you to focus on how you have taken your medications since you started your current regimen. In general, how often did you take your Hepatitis medications as prescribed?

100% of the time ..... 1

95-99% of the time ..... 2

75-94% of the time ..... 3

< 75% of the time ..... 4

I haven't taken any of my prescribed medications ..... 5