

**WOMEN'S INTERAGENCY HIV STUDY  
DRUG FORM 3: HEPATITIS MEDICATIONS**

**PROMPT: COMPLETE THIS FORM FOR EACH MEDICATION LISTED IN F22MED, QUESTION D1a.**

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

WIHS STUDY VISIT #:                            \_\_ \_\_

FORM VERSION:                                    **1 0 / 0 1 / 1 1**

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.**

- 242 \_\_ Pegylated interferon (PEGASYS or Peginterferon alfa-2a; PEG-Intron or Peginterferon alfa-2b)
- 058 \_\_ Ribavirin (Virazole, Rebetol, Copegus)
- 235 \_\_ Rebetron (Ribavirin and interferon alfa-2b)
- 204 \_\_ Epivir (lamivudine, 3-TC)
- 234 \_\_ Viread (tenofovir, bis-POC-PMPA)
- 224 \_\_ Hespera (adefovir, Preveon, bis-POM-PMPA, GS 840)
- 239 \_\_ Emtriva (Coviracil, emtricitabine, FTC)
- 253 \_\_ Truvada (Viread + Emtriva)
- 709 \_\_ Baraclude (entecavir, BMS-200475)
- 710 \_\_ Tyzeka (telbivudine)
- 713 \_\_ Victrelis (boceprevir)
- 714 \_\_ Incivek (telaprevir)
- 715 \_\_ Olysio (simeprevir)
- 716 \_\_ Sovaldi (sofosbuvir)
- 717 \_\_ Harvoni (ledipasvir + sofosbuvir)
- 718 \_\_ Viekira Pak (ombitasvir/paritaprevir/ritonavir tablets + dasabuvir tablets)
- 719 \_\_ Daklinza (daclatasvir)
- 722 \_\_ Technivie (ombitasvir/paritaprevir/ritonavir)

ENTER DRUG CODE:                            |\_\_|\_\_|\_\_|

Specify name of "other" hepatitis medication:
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**PROMPT: INTERVIEWER, PLEASE RECORD HERE HOW USE OF THIS MEDICATION WAS REPORTED.**

- Self report.....1
- Participant brought written list to visit.....2
- Participant brought medication bottles to visit .....3
- Participant brought pharmacy record to visit.....4
- Record obtained directly from pharmacy .....5
- Other .....6

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

WIHS ID#

1. When did you start taking (DRUG)? \_\_\_\_ / \_\_\_\_ \_\_\_\_  
I just need the month and year. M M Y Y Y Y

2. Are you currently taking (DRUG)?  
YES.....1 (GO TO QUESTION 3)  
NO.....2

a. When was the last time you took (DRUG)? \_\_\_\_ / \_\_\_\_ \_\_\_\_  
I just need the month and year. M M Y Y Y Y

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

- I successfully completed therapy (the virus cleared).....1
- Therapy was unsuccessful.....2
- I had a low white blood cell count (leukopenia).....3
- I had a low red blood cell count (anemia).....4
- I had psychological side effects .....5
- I'm having a baby .....6
- My health care provider stopped it, but I don't know why.....7
- I had other blood test abnormalities.....9
- It required too many visits .....10
- It was too expensive/my insurance didn't cover treatment.....11
- I was not able to keep all the appointments .....12
  
- Other reason .....8

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

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