

WOMEN'S INTERAGENCY HIV STUDY

MEDICAL AND HEALTH HISTORY

FORM 22 MED

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE

|_|- |_|_| - |_|_|_|_| - |_|

A2. WIHS STUDY VISIT #:

___ ___

A2a. WIHS Core Visit1
3 Month VRS Visit.....2

A3. FORM VERSION:

0 4 / 0 1 / 0 3
M D Y

A4. DATE OF INTERVIEW:

___ ___ / ___ ___ / ___ ___
M D Y

A5. INTERVIEWER'S INITIALS:

___ ___ ___

A6. DATE OF LAST STUDY VISIT
(FROM VISIT CONTROL SHEET)

___ ___ / ___ ___ / ___ ___
M D Y

A7. TIME MODULE BEGAN:

|_|_| : |_|_| AM 1
PM 2

INTRODUCTION TO PARTICIPANT:

Now, I am going to ask you a series of questions about medicines you may have had or taken since your study visit on ___ / ___ / ___.
M D Y

Also, if at any point in the interview you wish to stop, let me know.

Finally, I need to re-emphasize that all your answers are confidential, and the responses you provide will in no way affect your clinical care.

SECTION B. ANTIRETROVIRAL HISTORY

B1. Since your (MONTH) study visit, have you had a vaccine injection against HIV or participated in a vaccine trial? A vaccine against HIV can include vaccines, which prevent infection with HIV, or therapeutic vaccines (those which prevent progression of the infection).

YES..... 1
 NO..... 2

START F22MEDS3

B2. Now I'm going to ask about any antiretroviral medications you may have taken since your (MONTH) study visit. In addition to all your prescribed medications, please include any antiretroviral medications you have taken as part of a research study, including those in which you may have been blinded to the study medication.

PROMPT: HAND PARTICIPANT ANTIVIRAL PHOTO MEDICATION CARDS. GO THROUGH THE CARDS WITH THE PARTICIPANT, SAYING THE NAME OF EACH DRUG ALOUD AND ASKING HER TO TELL YOU "YES" OR "NO" WHETHER SHE HAS TAKEN THIS DRUG SINCE HER LAST VISIT.

CHECK THE DRUG(S) THE PARTICIPANT HAS TAKEN. FOR DRUGS NOT ON THE LIST, RECORD THE NAME UNDER "OTHER" AS STATED BY THE PARTICIPANT AND FILL IN THE CORRESPONDING THREE-DIGIT DRUG CODE FROM DRUG LIST 1.

A. Since your (MONTH) study visit, have you taken...

Nucleoside/Nucleotide RTIs

- 204 ___ Epivir (lamivudine, 3-TC)
- 218 ___ Ziagen (abacavir, 1592U89)
- 092 ___ Retrovir (AZT, zidovudine, ZDV)
- 227 ___ Combivir (AZT + 3TC)
- 159 ___ Zerit (stavudine, d4T)
- 094 ___ Hivid (dideoxycytidine, zalcitabine, ddC)
- 147 ___ Videx / Videx EC (dideoxyinosine, didanosine, ddI)
- 240 ___ Trizivir (abacavir + AZT + 3TC)
- 234 ___ Viread (tenofovir, bis-POC-PMPA)
- 239 ___ Coviracil (emtricitabine, FTC)

Non-Nucleoside RTIs

- 194 ___ Rescriptor (delavirdine, U-90)
- 220 ___ Sustiva (efavirenz, DMP266)
- 191 ___ Viramune (nevirapine)

Protease Inhibitors

- 219 ___ Agenerase (amprenavir, 141W94)
- 212 ___ Crixivan (indinavir)
- 217 ___ Kaletra (lopinavir/ritonavir, ABT-378/r)
- 216 ___ Viracept (nelfinavir)
- 211 ___ Norvir (ritonavir)
- 210 ___ Invirase or Fortovase (saquinavir)
- 243 ___ Atazanavir (BMS-232632)
- 238 ___ Tipranavir (PNU-140690)

Entry Inhibitors

- 233 ___ Fuzeon (T-20, enfuviramide)

Other

- 207 ___ Droxia or Hydrea (hydroxyurea)
- ___ Other anti-viral(s) (from Drug List 1)

Name of Drug:
Name of Drug:

Drug Code: |_|_|_|

Drug Code: |_|_|_|

END F22MEDS3

PLEASE COMPLETE DRUG FORM 1 FOR EACH MEDICATION MARKED ABOVE IN QUESTION B2A.

B. If the participant has not taken ANY antiviral medication since her (MONTH) study visit, check here: ___ **GO TO QB8**

B3. Sometimes patients stop taking all of their antiretroviral medications for planned or prescribed periods of time to try to boost their immune systems. These therapy breaks, also called structured treatment interruptions, are

very different from any therapy breaks that were not planned or prescribed, such as forgetting to take your medications, running out of pills, or simply taking a break because you felt like you needed one. In the next series of questions, I want to know only about any breaks in your antiretroviral medications that you have taken in the past three months that were planned by you or prescribed by your provider.

- a. In the past 3 months, was there a planned or prescribed period of time when you stopped taking all of your antiretroviral medications for at least two consecutive days?

YES..... 1
NO..... 2 **GO TO QB4**

- b. How many planned breaks in your antiretroviral therapy did you take over the past 3 months?

 |_|_|
BREAKS

- c. Were these planned breaks prescribed by your doctor or health care provider?

YES..... 1
NO..... 2 **GO TO QB3e**

- d. What was the main reason that your doctor or health care provider told you to interrupt your treatment?

CIRCLE ONLY ONE ANSWER

- To strengthen your immunity to HIV1
- Because your viral load was going up or your CD4 count was falling2
- Because you were having side effects.....3
- Because you were pregnant.....4
- Because you had another illness5
- Other reason6

_____ **(SPECIFY)**

- e. When was the last time that you interrupted or took a planned break in all of your antiretroviral medications for at least two days? I just need to know the month. INTERVIEWER FILL IN YEAR.

 ___ / ___
 M Y

- f. During this last therapy interruption in (MONTH), how long did you go without taking any of your antiretroviral medications? You can tell me in days or weeks, whatever is easiest for you.

 |_|_| DAYS1
 WEEKS2

B4. Now I am going to ask you about any therapy breaks you may have taken that were unplanned.

- a. In the past 3 months, was there a time when you took any unplanned breaks in all of your prescribed antiretroviral therapy for at least one full day?

YES..... 1
NO..... 2 **GO TO QB5**

WIHS ID#

b. How many unplanned breaks in your antiretroviral therapy did you take over the past 3 months?

|_|_|_|
BREAKS

c. When was the last time that you skipped or took an unplanned break in all your antiretroviral medications for at least one full day? I just need to know the month. INTERVIEWER FILL IN YEAR.

_ _ / _ _
M Y

d. During this last unplanned therapy break in (MONTH), how long did you go without taking any of your antiretroviral medications? You can tell me in days or weeks, whatever is easiest for you.

|_|_|_| DAYS1
WEEKS2

For the remaining questions, I want you to focus on how you have taken your medications over the past six months.

B5. a. In general, over the past 6 months, how often did you take your antiretrovirals as prescribed?

- 100% of the time.....1 **GO TO QB6**
- 95-99% of the time2
- 75-94% of the time3
- < 75% of the time4
- I haven't taken any of my prescribed medications5

b. PROMPT: HAND PARTICIPANT RESPONSE CARD D1.

People skip or miss taking their medications for various reasons. Here is a list of possible reasons why you may miss taking your medications. Since your (MONTH) study visit, how often have you missed taking your anti-retroviral medications because you:

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>
Simply forgot?.....	0	1	2	3
Had a change in daily routine (e.g., vacation, holiday, non-workday)?	0	1	2	3
Fell asleep or slept through dose time?	0	1	2	3
Had too many pills to take?	0	1	2	3
Ran out of pills?	0	1	2	3
Did not feel like taking any pills?.....	0	1	2	3
Did not want others to notice you taking medications?.....	0	1	2	3
Were on drugs or drank too much?	0	1	2	3
Wanted to avoid side effects?.....	0	1	2	3
Felt like the drug was toxic or harmful?.....	0	1	2	3
Felt too sick to take medications?	0	1	2	3
Felt too depressed to take medications?	0	1	2	3
Had difficulty following special instructions (e.g., take with meals or on empty stomach)?	0	1	2	3
Other reason	0	1	2	3

Specify reason:

B6. PROMPT: HAND PARTICIPANT RESPONSE CARD D2.

a. Most anti-HIV medications need to be taken on a schedule, such as “every 12 hours” or “every 8 hours.” In general, how closely do you follow your specific schedule?

- Never..... 1
- Some of the time 2
- About half of the time 3
- Most of the time 4
- All of the time 5

b. Do any of your anti-HIV medications have special instructions such as “take with food” or “take on an empty stomach” or “take with plenty of fluids?”

- Yes 1
- No 2

GO TO QB7

PROMPT: HAND PARTICIPANT RESPONSE CARD D2.

c. In general, how often do you follow these special instructions?

- Never..... 1
- Some of the time 2
- About half of the time 3
- Most of the time 4
- All of the time 5

B7. IS PARTICIPANT CURRENTLY TAKING COMBINATION THERAPY?

- YES..... 1
- NO..... 2

GO TO QC1

HAND PARTICIPANT RESPONSE CARD 12.

I am going to read to you some things that people taking combination drug treatments believe about transmission of HIV. Please tell me if you strongly agree, agree, if you are uncertain or if you disagree or strongly disagree.

	STRONGLY AGREE	AGREE	UNCERTAIN	DISAGREE	STRONGLY DISAGREE
a. Since starting combination drug treatments, I worry less about passing HIV to other people during sex.....	1	2	3	4	5
b. I worry less about always using condoms since I started combination drug treatments.....	1	2	3	4	5
c. I think that it is less likely that I could infect other people during sex now that I am on combination drug treatments.....	1	2	3	4	5
d. I would be less worried about a new partner’s HIV serostatus now that I am on combination drug treatments.....	1	2	3	4	5

GO TO QC1

WIHS ID#

B8. PROMPT: HAND PARTICIPANT RESPONSE CARD D3.

What is your main reason for not taking any antiviral medications or treatments?

CIRCLE ONE ANSWER ONLY.

- I am HIV negative..... 1
- My CD4+ was too high / viral load was too low 2
- I feel too healthy 3
- I am taking alternative medications 4
- I don't want side effects..... 5
- They are too hard to swallow 6
- My doctor did not prescribe them..... 7
- I can't afford them/have no insurance coverage 8
- I am concerned about resistance 9
- I'm having a baby 10
- Personal decision to wait 11
- They didn't work for my friends..... 12
- Any other reason..... 13

Specify reason:

SECTION C. OI MEDICATION HISTORY

START F22MEDS4

C1. PROMPT: HAND PARTICIPANT RESPONSE CARD D4. READ THE NAME OF EACH MEDICATION ALOUD. ASK THE PARTICIPANT IF SHE IS TAKING THIS MEDICATION. IF SHE ANSWERS YES, CHECK NEXT TO THE DRUG NAME.

A. Since your (MONTH) visit, have you taken the following inhaled medication?

114 Pentamidine (aerosolized)

i. If the participant has not taken ANY medication in C1A since her (MONTH) study visit, check here:

GO TO QC1B

B. Since your (MONTH) visit, have you taken any of the following injected or infused drugs?

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

i. If the participant has not taken ANY medication in C1B since her (MONTH) study visit, check here:

GO TO QC1C

C. Since your (MONTH) visit, have you used any of the following pills, liquids or creams?

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

i. If the participant has not taken ANY medication in C1C since her (MONTH) study visit, check here:

GO TO QD1

END F22MEDS4

PLEASE COMPLETE DRUG FORM 2 FOR EACH MEDICATION MARKED ABOVE IN QUESTION C1.

WIHS ID#

SECTION D. HEPATITIS MEDICATION HISTORY

START F22MEDS9

D1. PROMPT: HAND PARTICIPANT RESPONSE CARD D4a. READ THE NAME OF EACH MEDICATION ALOUD. ASK THE PARTICIPANT IF SHE HAS TAKEN THIS MEDICATION FOR HEPATITIS. IF SHE ANSWERS YES, CHECK THE DRUG NAME.

A. Since your (MONTH) study visit, have you taken (MEDICATION) for Hepatitis (B or C)?

- 090 ___ Interferon (Intron A)
- 242 ___ Pegylated interferon (PEGASYS or Peg interferon alfa 2a)
(PEG-Intron or Peg interferon alfa 2b)
- 058 ___ Ribavirin (Rebetol)
- 235 ___ Rebetron (Ribavirin and interferon alfa 2b)
- 204 ___ Epivir (lamivudine, 3-TC)
- 234 ___ Tenofovir (Viread, bis-POC-PMPA)
- 224 ___ Adefovir (Preveon, bis-POM PMPA, GS 840)
- 239 ___ Coviracil (Emtricitabine, FTC)
- 708 ___ Infergen (Interferon alfacon-1)
- 213 ___ Famvir (Famciclovir)

B. If the participant has not taken ANY medication in D1A, check here: ___

GO TO QE1

END F22MEDS9

PLEASE COMPLETE DRUG FORM 3 FOR EACH MEDICATION MARKED ABOVE IN QUESTION D1A.

SECTION E. OTHER PRESCRIPTION MEDICATION USE

E1. Since your (MONTH) study visit, have you received any of the following vaccinations?

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
a. Hepatitis A.....	1	2	<-8>
b. Hepatitis B.....	1	2	<-8>
c. Pneumovax	1	2	<-8>
d. Varicella (chicken pox)	1	2	<-8>
e. Tetanus	1	2	<-8>
f. Smallpox	1	2	<-8>

WIHS ID#

[Empty box for WIHS ID#]

E2. Since your (MONTH) study visit, have you taken any medication for blood pressure or your heart?

YES1
NO2 (E3)

a. How many blood pressure or heart drugs are you taking now? |_|_|

HAND PARTICIPANT RESPONSE CARD D4b: HEART AND BLOOD PRESSURE MEDICATIONS

Did these include any of the following:	i) Have you taken this in the past 6 months?		ii) Have you taken this in the past 5 days?	
	YES	NO	YES	NO
b. Amiodarone (Cordarone, Pacerone)	1	2 (c)	1	2
c. Quinidine (Cardioquin, Quin-Tab, Quinadure, Quinaglute, Quinidex)	1	2 (d)	1	2
d. Verapamil (Calan, Verelan, Covera, Isoptin)	1	2 (e)	1	2
e. Diltiazem (Cardizem, Cartia, Dilacor, Tiamate, Tiazac)	1	2 (f)	1	2
f. Nifedipine (Cardene)	1	2 (g)	1	2
g. Nifedipine (Procardia, Adalat)	1	2 (h)	1	2
h. Felodipine (Plendil)	1	2 (E3)	1	2

WIHS ID#

E3. Since your (MONTH) study visit, have you taken any medication to lower your cholesterol, triglyceride, or blood lipid level?

YES1
 NO2 (E4)

HAND PARTICIPANT RESPONSE CARD D4c: CHOLESTEROL MEDICATIONS

Did these include any of the following:	i) Have you taken this in the past 6 months?		ii) Have you taken this in the past 5 days?	
	YES	NO	YES	NO
a. Lescol (Fluvastatin)	1	2 (b)	1	2
b. Lipitor (Atorvastatin)	1	2 (c)	1	2
c. Mevacor (Lovastatin)	1	2 (d)	1	2
d. Pravachol (Pravastatin)	1	2 (e)	1	2
e. Zocor (Simvastatin)	1	2 (f)	1	2
f. Lopid (Gemfibrozil)	1	2 (g)	1	2
g. TriCor (Fenofibrate)	1	2 (h)	1	2
h. Colestid (Colestipol)	1	2 (i)	1	2
i. Questran (Cholestyramine)	1	2 (j)	1	2
j. Welchol (Colesevelam)	1	2 (k)	1	2
k. Niaspan (Niacin)	1	2 (E4)	1	2

WIHS ID#

E4. Since your (MONTH) study visit, have you taken any medication to lower your blood sugar?

YES1
 NO2 (E5)

HAND PARTICIPANT RESPONSE CARD D4d: BLOOD SUGAR MEDICATIONS

Did these include any of the following:	i) Have you taken this in the past 6 months?		ii) Have you taken this in the past 5 days?	
	YES	NO	YES	NO
a. Insulin (injection)	1	2 (b)	1	2
b. Acarbose (Precose)	1	2 (c)	1	2
c. Chlorpropamide (Diabinese)	1	2 (d)	1	2
d. Glimepiride (Amaryl)	1	2 (e)	1	2
e. Glipizide (Glucotrol)	1	2 (f)	1	2
f. Glyburide (Micronase, Diabeta)	1	2 (g)	1	2
g. Metformin (Glucophage)	1	2 (h)	1	2
h. Miglitinol (Glyset)	1	2 (i)	1	2
i. Orlistat (Xenical)	1	2 (j)	1	2
j. Pioglitazone (Actos)	1	2 (k)	1	2
k. Repaglinide (Prandin)	1	2 (l)	1	2
l. Rosiglitazone (Avandia)	1	2 (m)	1	2
m. Starlix (Nateglinide)	1	2 (E5)	1	2

WIHS ID#

E5. Since your (MONTH) study visit, have you taken any medication to prevent or treat osteoporosis?

YES1
 NO2 **(E6)**

HAND PARTICIPANT RESPONSE CARD D4e: OSTEOPOROSIS MEDICATIONS

Did these include any of the following:	i) Have you taken this in the past 6 months?		ii) Have you taken this in the past 5 days?	
	YES	NO	YES	NO
a. Vitamin D supplements	1	2 (b)	1	2
b. Calcium supplements	1	2 (c)	1	2
c. Estrogen Replacement Therapy	1	2 (d)	1	2
d. Fosimax (Alendronate)	1	2 (e)	1	2
e. Evista (Raloxifene)	1	2 (f)	1	2
f. Forteo (teriparatide)	1	2 (E6)	1	2

E6. Since your (MONTH) study visit, have you taken any medication for seizures?

YES1
 NO2 **(E7)**

HAND PARTICIPANT RESPONSE CARD D4f: SEIZURE MEDICATIONS

Did these include any of the following:	i) Have you taken this in the past 6 months?		ii) Have you taken this in the past 5 days?	
	YES	NO	YES	NO
a. Tegretol (Carbamazepine)	1	2 (b)	1	2
b. Dilantin (Phenytoin)	1	2 (c)	1	2
c. Felbatol (Felbamate)	1	2 (d)	1	2
d. Mysoline (Primidone)	1	2 (e)	1	2
e. Topamax (Topiramate)	1	2 (f)	1	2
f. Mebaral (mephobarbital)	1	2 (g)	1	2
g. Phenobarbital (Luminal, Solfoton)	1	2 (E7)	1	2

WIHS ID#

[Empty box for WIHS ID#]

E7. Since your (MONTH) study visit, have you taken any medication for psychological conditions or depression?

YES1
NO2 (E8)

HAND PARTICIPANT RESPONSE CARD D4g: PSYCH MEDICATIONS

Table with 3 main columns: 'Did these include any of the following:', 'i) Have you taken this in the past 6 months?', and 'ii) Have you taken this the past 5 days?'. Rows list medications: Zyprexa, Serzone, Luvox, Zoloft, Celexa, and Depakote.

E8. PROMPT: HAND PARTICIPANT RESPONSE CARD D4h

Since your (MONTH) visit, have you taken any of the following hormone replacement therapies (hormones, estrogen, progesterone) for more than one month? These therapies could have been taken in the form of a pill, cream, or patch worn on the skin?

ESTROGEN:

Premarin, Estrace, Estratab, Menest, Ogen, Cenestin, Estraderm, Climera

PROGESTERONE:

Provera, Cyclicin, Amen, Prometrium, Micronor, Nor-QD

COMBINATION ESTROGEN/PROGESTERONE:

Premphase, Prempro, Combipatch

OTHER HRT:

Tamoxifen, Raloxifene, Testosterone patch or cream, Estratest (combination Estrogen/Testosterone), Birth Control Pills

YES.....1
NO.....2 [] [] [] [] GO TO QE9

WIHS ID#

A. INTERVIEWERS: BASED ON PARTICIPANT RESPONSE IN E8, CODE BELOW THE TYPE OF HRT THE PARTICIPANT REPORTED ABOVE:

- ESTROGEN 1
- PROGESTERONE 2
- COMBINATION 3
- OTHER HRT 4

SPECIFY: _____

B. What are the main reasons you are taking hormone replacement therapy? Is it for:

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. Menopause related symptoms (the change, hot flashes, vaginal dryness, sweating)..... | 1 | 2 |
| b. Depression, anxiety, or emotional distress | 1 | 2 |
| c. Replacement after hysterectomy or removal of ovaries..... | 1 | 2 |
| d. Osteoporosis, or to prevent or treat bone loss..... | 1 | 2 |
| e. Prevention of heart disease | 1 | 2 |
| f. Irregular menstrual periods (spotting) | 1 | 2 |
| g. Other reason (specify) | 1 | 2 (E9) |

Specify: _____

E9. Have you ever been treated with radioactive iodine or any other medication for an overactive thyroid (hyperthyroidism)?

- YES1
- NO2 (E10)

HAND PARTICIPANT RESPONSE CARD D4i: HYPERTHYROID MEDICATIONS

Did these include any of the following:	i) Have you taken this in the past 6 months?		ii) Have you taken this in the past 5 days?	
	YES	NO	YES	NO
a. Propylthiouracil (PTU)	1	2 (b)	1	2
b. Beta blockers (propranolol, Inderal)	1	2 (c)	1	2
c. Methimazole (Tapazole)	1	2 (d)	1	2
d. Radioactive iodine (RAI)	1	2 (E10)	1	2

WIHS ID#

E10. Since your (MONTH) visit, have you taken any other **PRESCRIBED** medications NOT previously mentioned?

YES 1
NO 2 **GO TO F1**

START F22MEDS6

SPECIFY:

Name of Drug:	Name of Drug:
Name of Drug:	Name of Drug:
Name of Drug:	Name of Drug:
Name of Drug:	Name of Drug:
Name of Drug:	Name of Drug:
Name of Drug:	Name of Drug:

END F22MEDS6

SECTION F. ALTERNATIVE/COMPLEMENTARY MEDICATION USE

F1. PROMPT: HAND PARTICIPANT RESPONSE CARD D5.

In addition to standard medication therapies, we are interested in collecting information on complementary and alternative therapies.

A. Since your (MONTH) visit, have you used any complementary or alternative medications that you take by mouth either as a pill or liquid, that you apply to your skin, or that you insert in your rectum or vagina. Please include any enzyme therapies, flower remedies, herbs, homeopathic remedies and nutritional supplements such as vitamins or minerals you may have taken. Do not include commercial herbal tea preparations (i.e., tea bags), but please include tea remedies made from fresh bulk herbs.

YES 1
NO 2 **GO TO QG1**

START F22MEDS5

WIHS ID#

B. Please name those complementary and alternative medications that you have taken.

PROMPT: CHECK THE COMPLEMENTARY AND/OR ALTERNATIVE MEDICATION(S) NAMED. SPECIFY THOSE NOT ON THE LIST UNDER "OTHER" AND FILL IN THE CORRESPONDING THREE-DIGIT DRUG CODE FROM DRUG LIST 3.

Treatments		Frequency of Use		Currently taking?		MAIN reason for taking?
		Every or almost every day	Only as needed			
621	Enzyme Therapies (plant or pancreatic)	1	2	Y	N	
622	Flower Remedies	1	2	Y	N	
	Herbs (Chinese/Asian, Native American, South American, Indian/Ayurvedic)					
613	Cat claw	1	2	Y	N	
615	Chinese herbs in combination	1	2	Y	N	
620	Echinacea (with or without Goldenseal)	1	2	Y	N	
624	Garlic	1	2	Y	N	
632	Milk thistle	1	2	Y	N	
167	St. John's Wort (Hypericin)	1	2	Y	N	
539	Other herbs, unspecified	1	2	Y	N	
629	Homeopathic Remedies	1	2	Y	N	
	Nutritional Supplements (such as vitamins, minerals)					
602	Acidophilus	1	2	Y	N	
601	A-Vitamins	1	2	Y	N	
610	Beta-carotene	1	2	Y	N	
607	B-Complex	1	2	Y	N	
608	B-Vitamins (B1 Thiamine, B2 Riboflavin, B5 Pantothenic Acid, B6 Pyridoxine, B12)	1	2	Y	N	
612	C-Vitamins (Rosehips)	1	2	Y	N	
196	Coenzyme Q-10	1	2	Y	N	
161	DHEA	1	2	Y	N	
619	E-Vitamins	1	2	Y	N	
623	Folic Acid	1	2	Y	N	
630	Multivitamin / Mineral	1	2	Y	N	
631	Megadose Vitamins	1	2	Y	N	
633	Omega-3 Type Oils	1	2	Y	N	
634	Protein Powder	1	2	Y	N	
640	Zinc	1	2	Y	N	
503	Other nutritional supplements, unspecified	1	2	Y	N	
188	NAC (N-acetyl-cysteine)	1	2	Y	N	
173	Ozone	1	2	Y	N	
635	SPV-30	1	2	Y	N	
637	Thymus Glandular	1	2	Y	N	
	Other treatment(s) (from Drug List 3)					
Specify:	→Drug code: <input type="text"/>	1	2	Y	N	
Specify:	→Drug code: <input type="text"/>	1	2	Y	N	
Specify:	→Drug code: <input type="text"/>	1	2	Y	N	

HAND PARTICIPANT RESPONSE CARD D6. Reasons for taking complementary/alternative medications:

- | | |
|--|--|
| 01=to treat or reduce side effects from "standard" medications | 05=for general health |
| 02=to boost immune system | 06=beneficial without causing side effects |
| 03=to prevent opportunistic and general infections | 07=standard HIV medications don't work |
| 04=to treat HIV infection | 99=other |

WIHS ID#

END F22MEDS5

F2. Who prescribes or guides your use of these alternative medications? **CIRCLE ONE ANSWER.**

- Primary care provider (non-C/A practitioner) 1 **GO TO QG1**
- Self-medicated 2
- Complementary/Alternative practitioner (Homeopath, Herbalist, Naturopath).... 3
- Health Store Staff..... 4
- Other 5

F3. Have you discussed your use of this medication with your primary care provider?

- YES..... 1 **GO TO QG1**
- NO 2
- DON'T HAVE A PRIMARY CARE PROVIDER 3 **GO TO QG1**

F4. **PROMPT: HAND PARTICIPANT RESPONSE CARD D7.**

If no, what is the MAIN reason you have not told him/her? **CIRCLE ONE ANSWER.**

- He/She didn't ask..... 1
- I didn't think it was important 2
- I don't think he/she would approve of its use 3
- I think he/she would ask me to stop taking it..... 4
- He/She is not knowledgeable about alternative medications..... 5
- Other 6

SECTION G. SYMPTOMS

G1. PROMPT: HAND PARTICIPANT RESPONSE CARD D8.

Now I am going to ask you some questions about symptoms that may occur due to the stress of daily life or aging. These symptoms also occur in a small number of people as a result of taking certain medications.

Since your last visit, please tell me if you have experienced any of the following symptoms and, if you have, whether the symptom was not bad, bad, very bad or terrible.

PROMPT: IF PARTICIPANT IS NOT TAKING ANY PRESCRIBED OR ALTERNATIVE MEDICATIONS, CODE SUBQUESTIONS i AND ii AS "N/A."

Since your last visit, have you had...						Do you feel that this symptom was a side effect of your...					
	Not at all	Not bad	Bad	Very bad	Terrible	i. Prescribed medications			ii. Alternative therapies		
a. Headaches	0 (b)	1	2	3	4	Y	N	N/A	Y	N	N/A
b. Fever	0 (c)	1	2	3	4	Y	N	N/A	Y	N	N/A
c. Chills	0 (d)	1	2	3	4	Y	N	N/A	Y	N	N/A
d. Rash	0 (e)	1	2	3	4	Y	N	N/A	Y	N	N/A
e. Lack of appetite	0 (f)	1	2	3	4	Y	N	N/A	Y	N	N/A
f. Drowsiness / tiredness	0 (g)	1	2	3	4	Y	N	N/A	Y	N	N/A
g. Nausea and/or vomiting	0 (h)	1	2	3	4	Y	N	N/A	Y	N	N/A
h. Pain / tingling in feet or hands	0 (i)	1	2	3	4	Y	N	N/A	Y	N	N/A
i. Dizziness or lack of concentration	0 (j)	1	2	3	4	Y	N	N/A	Y	N	N/A
j. Muscle aches or pains	0 (k)	1	2	3	4	Y	N	N/A	Y	N	N/A
k. Abdominal pains or cramps	0 (l)	1	2	3	4	Y	N	N/A	Y	N	N/A
l. Kidney stones	0 (m)	1	2	3	4	Y	N	N/A	Y	N	N/A
m. Dry mouth	0 (n)	1	2	3	4	Y	N	N/A	Y	N	N/A
n. Shifting of your body fat	0 (o)	1	2	3	4	Y	N	N/A	Y	N	N/A
o. Diarrhea	0 (p)	1	2	3	4	Y	N	N/A	Y	N	N/A
p. Constipation	0 (q)	1	2	3	4	Y	N	N/A	Y	N	N/A
q. Low red blood cell count (Anemia)	0 (r)	1	2	3	4	Y	N	N/A	Y	N	N/A
r. Low white blood cell count (leukopenia)	0 (s)	1	2	3	4	Y	N	N/A	Y	N	N/A
s. Other: _____	0 (t)	1	2	3	4	Y	N	N/A	Y	N	N/A
t. Other: _____	0 (G2)	1	2	3	4	Y	N	N/A	Y	N	N/A

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G2. HAND PARTICIPANT RESPONSE CARD 12.

I am going to read to you some things people say about HIV. Please tell me if you strongly agree, agree, if you are uncertain or if you disagree or strongly disagree.

	STRONGLY AGREE	AGREE	UNCERTAIN	DISAGREE	STRONGLY DISAGREE
a. HIV is no longer the threat it used to be	1	2	3	4	5
b. A person with a higher viral load is more likely to pass HIV to sexual partners if she has unprotected sex	1	2	3	4	5
c. Because of combination drug treatments for HIV, I am less concerned about getting HIV or infecting someone else	1	2	3	4	5
d. Being on combination drug treatments decreases a person's chances of giving HIV to other people.....	1	2	3	4	5
e. People who are sicker because of their HIV are more likely to pass the virus on to others.....	1	2	3	4	5
f. HIV is now a controllable disease, like diabetes	1	2	3	4	5
g. People who always take their combination drug treatments as prescribed are less likely to pass HIV to sexual partners than those who do not take their drugs as prescribed.....	1	2	3	4	5
h. Because of the new combination drug treatments, fewer people in the future will be infected with HIV	1	2	3	4	5
i. Because of the new combination drug treatments, fewer women will give HIV to their babies during pregnancy and childbirth	1	2	3	4	5

G3. TIME MODULE ENDED

|_|_| : |_|_|

AM.....1
PM.....2

STOP HERE