

**WOMEN'S INTERAGENCY HIV STUDY  
FORM 22 MED: MEDICATION HISTORY**

**SECTION A: GENERAL INFORMATION**

- A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE    ---
- A2. WIHS STUDY VISIT #:
- A3. FORM VERSION:    **1 0 / 0 1 / 1 1**
- 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

WIHS ID#

**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: REVIEW QXQs FOR INSTRUCTIONS ON HOW TO COLLECT ARV DATA.**

**PROMPT: HAND PARTICIPANT ANTIRETROVIRAL PHOTO MEDICATION CARDS.**

**CHECK THE DRUG(S) THE PARTICIPANT HAS TAKEN FOR HIV SINCE HER LAST STUDY VISIT. 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...

**Combination Medications**

- 262 \_\_\_ Atripla (Sustiva + Viread + Emtriva)
- 227 \_\_\_ Combivir (AZT + 3TC)
- 254 \_\_\_ Epzicom (Ziagen + Efavirenz)
- 240 \_\_\_ Trizivir (abacavir + AZT + 3TC)
- 253 \_\_\_ \***Truvada** (Viread + Emtriva)
- 280 \_\_\_ Complera (FTC + RPV + TDF)

**Entry Inhibitors**

- 233 \_\_\_ Fuzeon (T-20, enfuvirtide)
- 265 \_\_\_ Selzentry (maraviroc)

**Nucleoside/Nucleotide RTIs**

- 239 \_\_\_ \***Emtriva** (emtricitabine, FTC)
- 204 \_\_\_ \***Epivir** (lamivudine, 3-TC)
- 092 \_\_\_ Retrovir (AZT, zidovudine, ZDV)
- 147 \_\_\_ Videx / Videx EC (didanosine, ddI)
- 234 \_\_\_ \***Viread** (tenofovir)
- 159 \_\_\_ Zerit (stavudine, d4T)
- 218 \_\_\_ Ziagen (abacavir)

**Integrase Inhibitors**

- 264 \_\_\_ ISENTRESS (raltegravir, MK 0518)

**Non-Nucleoside RTIs**

- 255 \_\_\_ Intelence (etravirine, TMC 125)
- 194 \_\_\_ Rescriptor (delavirdine)
- 220 \_\_\_ Sustiva (efavirenz)
- 191 \_\_\_ Viramune (nevirapine)
- 276 \_\_\_ Edurant (rilpivirine, TMC 278)

**Protease Inhibitors**

- 238 \_\_\_ Aptivus (tipranavir)
- 212 \_\_\_ Crixivan (indinavir)
- 210 \_\_\_ Invirase (saquinavir)
- 217 \_\_\_ Kaletra (lopinavir + ritonavir)
- 249 \_\_\_ Lexiva (fosamprenavir)
- 211 \_\_\_ Norvir (ritonavir)
- 256 \_\_\_ Prezista (TMC-114, darunavir)
- 243 \_\_\_ Reyataz (atazanavir)
- 216 \_\_\_ Viracept (nelfinavir)

**Other**

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

Specify name of "other" antiviral:
Specify name of "other" antiviral:

→ Drug Code: |\_|\_|\_|\_|

→ Drug Code: |\_|\_|\_|\_|

**END F22MEDS3**

**PROMPT: IF PARTICIPANT BROUGHT MEDICATION BOTTLES OR LIST TO REPORT ARV USE, PLEASE ASK THE FOLLOWING QUESTION (B2b) AND MAKE SURE ALL MEDICATIONS ARE CHECKED IN QUESTION B2a. IF PARTICIPANT IS HIV-NEGATIVE, OR INTERVIEWER HAS ALREADY REVIEWED PHOTO MED CARDS WITH PARTICIPANT, CIRCLE "3" FOR N/A AND PROCEED TO QUESTION B2c.**

b. Besides the [bottles/list] that you brought in today, have you tried any other antiretroviral medications, even for a short period of time, since your (MONTH) study visit?

- YES ..... 1
- NO ..... 2
- Not applicable (N/A) ..... 3

WIHS ID#

[Empty box for WIHS ID#]

**PROMPT: IF B2b=YES, REVIEW PHOTO MEDICATION CARDS WITH PARTICIPANT TO DETERMINE WHICH ADDITIONAL MEDICATIONS SHE HAS USED. REPORT ANY ADDITIONAL MEDICATIONS ABOVE IN QUESTION B2a.**

**PLEASE COMPLETE THE DOSAGE FORM IF PARTICIPANT REPORTS HAVING TAKEN ANY ANTIRETROVIRAL MEDICATIONS SINCE HER LAST STUDY VISIT IN QUESTION B2a.**

- c. PARTICIPANT HAS **NOT TAKEN ANY** ART SLV .....1 **(B10)**  
 PARTICIPANT HAS TAKEN **AT LEAST ONE** ART SLV .....2

d. ENTER THE TOTAL NUMBER OF ANTIRETROVIRAL MEDICATIONS  
 THE PARTICIPANT REPORTED TAKING IN QUESTION B2a: [ ][ ]

B3. FROM VCS AND DSG, HAS PARTICIPANT STARTED ANY ANTIRETROVIRAL  
 MEDICATIONS SINCE HER LAST STUDY VISIT?

- YES .....1
- NO .....2 **(B4)**

a. Is this the first time you have taken any antiretroviral medications(s)?

- YES .....1
- NO .....2 **(B4)**

Why did you start taking antiretroviral medication(s) now? **CIRCLE YES FOR ALL THAT APPLY.**

	<u>YES</u>	<u>NO</u>
b. My viral load went up.....	1	2
c. My CD4 level went down.....	1	2
d. I was diagnosed with AIDS .....	1	2
e. I became sicker, although I wasn't diagnosed with AIDS.....	1	2
f. My doctor recommended I start since my last study visit .....	1	2
g. My doctor had previously recommended I start .....	1	2
h. I'm pregnant or intend to become pregnant.....	1	2
i. Other reason.....	1	2

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

B4. FROM VCS AND DSG, HAS PARTICIPANT CHANGED OR RESTARTED OR STOPPED ANY  
 ANTIRETROVIRAL MEDICATIONS SINCE HER LAST STUDY VISIT?

- YES .....1
- NO .....2 **(B6)**

You have reported a change in the antiretroviral medications you are taking. We want to understand the reasons for this change, so please tell me which of these reasons contributed to the decision to change, restart or stop your antiretroviral medicines:

	<u>YES</u>	<u>NO</u>
a. My provider changed/stopped my medicines and I don't know why .....	1	2
b. My medicines weren't working – my CD4 count was lower or my viral load was higher .....	1	2
c. My virus was resistant .....	1	2
d. I was not taking my medicines any way .....	1	2
e. I am pregnant, or I am trying to become pregnant, or I changed after giving birth.....	1	2
f. I was tired of taking the medicines .....	1	2
g. I could not pay for the medicines.....	1	2
h. My prescription ran out.....	1	2
i. My medicines were too complicated to take, or there were too many pills, or they were hard to swallow .....	1	2
j. Family or friends wanted me to change/stop my medicines.....	1	2
k. I heard about better medicines on TV, the radio, in a magazine or the newspaper .....	1	2
l. I had side effects or the medicines made me sick.....	1	2 <b>(m)</b>
i. I got a skin rash or had skin problems.....	1	2
ii. I got headaches .....	1	2
iii. I had gastrointestinal problems (nausea, vomiting, diarrhea, cramping) .....	1	2
iv. My body shape or body fat changed .....	1	2
v. I became depressed, moody, or had trouble with sleep.....	1	2
vi. My blood count tests weren't normal (anemia, low blood, low white count).....	1	2
vii. My liver tests weren't normal .....	1	2
viii. My kidney tests weren't normal.....	1	2
ix. I developed diabetes or high blood sugar .....	1	2
x. My blood tests for lipids/fat/cholesterol became abnormal .....	1	2
xi. I became allergic or hypersensitive to a medication .....	1	2
xii. I had some kind of side effect, but do not know what kind .....	1	2
m. Any other reasons for changing/stopping medicines .....	1	2 <b>(B6)</b>

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

B6. Since your (MONTH) study visit, has there been a period of time of one week or more when you were off treatment (PROBE: not taking any of your antiretroviral medications)?

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

WIHS ID#

B7. a. In general, over the past six months, how often did you take your antiretrovirals as prescribed?

- 100% of the time.....1 (SECTION C)
- 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

b. **PROMPT: HAND PARTICIPANT RESPONSE CARD D1.**

People skip or miss taking their medications for various reasons. Since your (MONTH) study visit, how often have you missed taking your antiretroviral medications because you...

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

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

**PROMPT: GO TO SECTION C.**

WIHS ID#

**B10. PROMPT: HAND PARTICIPANT RESPONSE CARD D3.**

What is your **main** reason for not taking any antiretroviral medications or treatments? **CIRCLE ONE ANSWER ONLY.**

- I am HIV negative.....1
- My CD4+ was too high / viral load too low .....2 **(SECTION C)**
- I feel too healthy .....3 **(SECTION C)**
- I am taking alternative treatments.....4 **(SECTION C)**
- I don't want side effects.....5 **(SECTION C)**
- They are too hard to swallow.....6 **(SECTION C)**
- My doctor did not prescribe them.....7 **(SECTION C)**
- I can't afford them / have no insurance coverage.....8 **(SECTION C)**
- I am concerned about resistance .....9 **(SECTION C)**
- I'm having a baby .....10 **(SECTION C)**
- Personal decision to wait .....11 **(SECTION C)**
- They didn't work for my friends.....12 **(SECTION C)**
- Liver problems .....14 **(SECTION C)**
- Any other reason.....13

SPECIFY: \_\_\_\_\_ **(SECTION C)**

**B11. Since your (MONTH) study visit, have you taken medications to prevent getting HIV infection – this is sometimes called pre- or post-exposure prophylaxis, PEP or PrEP?**

- YES.....1
- NO.....2 **(SECTION C)**
- POSSIBLY, FROM A STUDY .....3

**B12. From where did you get the medication?**

- Your primary care provider or clinic .....1
- A clinic such as an STD or public health clinic.....2
- A non-clinical person, such as a friend or person on the street .....3
- As part of a study .....4
- Other .....5

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

**B13. Are you still taking it?**

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

a. In what year did you first take this medication?

WIHS ID#

B14. Are you taking or did you begin to take this medicine **after** having a possible unprotected sexual or drug injection exposure?

- YES .....1 **(B16)**
- NO .....2

B15. Are you taking or did you begin to take this medicine for your general protection (and not prompted by a risky exposure)?

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

B16. For how long did you or will you take this medication?

- < 1 week .....1
- 1 – 3 weeks .....2
- 3 – 6 weeks .....3
- > 6 weeks .....4

**SECTION C. OI MEDICATION HISTORY**

**START F22MEDS4**

**C1. PROMPT: HAND PARTICIPANT RESPONSE CARD D4.**

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

114 \_\_\_ Pentamidine (aerosolized)

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

091 \_\_\_ Foscarnet (Foscavir)

125 \_\_\_ Ganciclovir (DHPG, Cytovene IV)

232 \_\_\_ Nandrolone (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 alfa-2b** (Intron A) or **Interferon alfa-2a** (Roferon-A)

124 \_\_\_ Amphotericin B (Ampho B)

242 \_\_\_ \***Pegylated interferon** (PEGASYS, PEG-Intron, Peginterferon alfa-2a, Peginterferon alfa-2b)

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

112 \_\_\_ Bactrim (Septra, cotrimoxazole, trimethoprim-sulfamethoxazole, TMP/SMZ)

184 \_\_\_ Biaxin (clarithromycin)

153 \_\_\_ Cipro (ciprofloxacin)

113 \_\_\_ Dapsone

116 \_\_\_ Diflucan (fluconazole)

213 \_\_\_ \***Famvir** (famciclovir)

125 \_\_\_ Ganciclovir (Cytovene, valganciclovir, Valcyte)

138 \_\_\_ INH (isoniazid)

154 \_\_\_ Lamprene (clofazimine)

190 \_\_\_ Mepron (atovaquone)

540 \_\_\_ Methadone

705 \_\_\_ Methyl-prednisolone (Medrol)

229 \_\_\_ Monistat (miconazole)

137 \_\_\_ Myambutol (ethambutol)

145 \_\_\_ Mycelex or Lotrimin (clotrimazole)

127 \_\_\_ Nizoral (ketoconazole)

144 \_\_\_ Nystatin (Mycostatin)

228 \_\_\_ Oxandrin (oxandrolone)

706 \_\_\_ Orapred

707 \_\_\_ Prednisolone (Prelone)

704 \_\_\_ Prednisone (Deltasone)

182 \_\_\_ PZA (pyrazinamide)

235 \_\_\_ \***Rebetron** (Ribavirin & Interferon alfa-2b)

093 \_\_\_ Rifabutin (mycobutin)

139 \_\_\_ Rifadin (rifampin)

169 \_\_\_ Sporanox (itraconazole)

230 \_\_\_ Terazol (terconazole)

198 \_\_\_ Valtrex (valacyclovir)

247 \_\_\_ Vfend (voriconazole)

152 \_\_\_ Zithromax (azithromycin)

146 \_\_\_ Zovirax (acyclovir)

i. PARTICIPANT HAS **NOT TAKEN ANY** MEDS IN C1a, C1b OR C1c .....1 (SECT. D)  
 PARTICIPANT HAS TAKEN **AT LEAST ONE** MED IN C1a, C1b OR C1c ....2

**END F22MEDS4**

**PLEASE COMPLETE DRUG FORM 2 FOR EACH MEDICATION MARKED ABOVE IN QUESTION C1a – C1c. IF NO MEDICATIONS ARE MARKED, GO TO SECTION D.**

d. ENTER THE TOTAL NUMBER OF NON-ANTIRETROVIRAL MEDICATIONS THE PARTICIPANT REPORTED TAKING IN QUESTIONS C1a, C1b and C1c:

\_
\_
\_



WIHS ID#

**SECTION D. HEPATITIS MEDICATION HISTORY**

**START F22MEDS9**

**D1. PROMPT: HAND PARTICIPANT RESPONSE CARD D4a.**

a. Since your (MONTH) study visit, have you taken any of the following medications for Hepatitis B or C?

- 090 \_\_\_ Interferon alfa-2b (Intron A) or Interferon alfa-2a (Roferon-A)
- 242 \_\_\_ Pegylated interferon (PEGASYS or Peginterferon alfa-2a)  
(PEG-Intron or Peginterferon alfa-2b)
- 058 \_\_\_ Ribavirin (Virazole, Rebetrol, 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 (emtricitabine, Coviracil, FTC)
- 708 \_\_\_ Infergen (Interferon alfacon-1)
- 213 \_\_\_ Famvir (famciclovir)
- 253 \_\_\_ Truvada (Viread + Emtriva)
- 709 \_\_\_ Baraclude (entecavir, BMS-200475)
- 710 \_\_\_ Tyzeka (telbivudine)
- 711 \_\_\_ Alinia (nitazoxanide)
- 713 \_\_\_ Victrelis (boceprevir)
- 714 \_\_\_ Incivek (telaprevir)

Specify name of "other" antiviral:	→ Drug Code:  _ _ _ _
Specify name of "other" antiviral:	→ Drug Code:  _ _ _ _

b. PARTICIPANT HAS **NOT TAKEN ANY** MEDS IN D1a .....1 (SECT. E)  
 PARTICIPANT HAS **TAKEN AT LEAST ONE** MED IN D1a .....2

**END F22MEDS9**

**PLEASE COMPLETE DRUG FORM 3 FOR EACH  
 MEDICATION MARKED ABOVE IN QUESTION D1a.**

c. ENTER THE TOTAL NUMBER OF HEPATITIS MEDICATIONS THE  
 PARTICIPANT REPORTED TAKING IN QUESTION D1a: |\_|\_|

WIHS ID#

**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. HPV (human papillomavirus).....	1	2	-8

**PROMPT: IF ODD-NUMBERED VISIT (E.G., 31, 33, ETC.), SKIP TO QUESTION E11.**

E2. During the last flu season, did you get the **regular** flu vaccine?

YES.....1  
 NO.....2 (E4)

b. Which type of **regular** flu vaccine did you have?

Flu shot.....1  
 Nose spray.....2

c. When did you receive the **regular** flu vaccine?

M				/	Y							

Now I'm going to ask you about having the flu. Common symptoms of the flu are a high fever and a bad cough. Some people also have muscle or body aches, headaches, sore throat and runny or stuffy nose when they have the flu. The flu is different from a cold; however it can be difficult to tell the flu from a cold. In general, flu symptoms are much worse and last longer than cold symptoms. The flu can last a few days to a week or longer.

E4. In the past year, did you have an illness that you think was the "flu"?

YES.....1  
 NO.....2 (E11)

WIHS ID#

E5. Did you have any of the following symptoms when you thought you had the flu? If you think you had the flu more than once, please tell me about your symptoms at the time you were most seriously ill with the flu.

	<u>YES</u>	<u>NO</u>
a. Fever .....	1	2
b. Dry cough.....	1	2
c. Sore throat.....	1	2
d. Muscle or body aches.....	1	2
e. Nausea, vomiting or diarrhea.....	1	2
f. Headache.....	1	2

**PROMPT: IF THE PARTICIPANT RESPONDS “NO” TO ALL SYMPTOMS, GO TO QUESTION E11.**

g. What was the date of your most serious flu symptoms? |\_|\_| / |\_|\_|\_|\_|  
M Y

**E11. PROMPT: HAND PARTICIPANT RESPONSE CARD D4h.**

Since your (MONTH) study 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. Please do not include any hormones taken only to prevent pregnancy; we will discuss those later in the interview.

**ESTROGEN:** Premarin, Estrace, Estratab, Menest, Ogen, Cenestin, Estraderm, Climara, Menostar, Estrasorb, Alora, Enjuvia, Evamist, Femring, Vivelle-Dot

**PROGESTERONE:** Provera, Cycin, Amen, Prometrium, Micronor, Nor-QD

**COMBINATION ESTROGEN/PROGESTERONE:** Premphase, Prempro, Combipatch, Angeliq, Activella, Prefest

**OTHER HRT:** Tamoxifen, Raloxifene, testosterone patch or cream, Estratest (combination estrogen/testosterone), birth control pills, Norplant, Ortho Evra (birth control patch), NuvaRing (a vaginal ring containing hormone)

YES ..... 1  
 NO ..... 2 **(E12a)**

a. INTERVIEWER: BASED ON PARTICIPANT RESPONSE IN E11, CODE BELOW THE TYPE OF HRT 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>
i. Menopause related symptoms (the change, hot flashes, vaginal dryness, sweating).....	1	2
ii. Depression, anxiety or emotional distress .....	1	2
iii. Replacement after hysterectomy or removal of ovaries .....	1	2
iv. Osteoporosis, or to prevent or treat bone loss.....	1	2
v. Prevention of heart disease .....	1	2
vi. Irregular menstrual periods (spotting) .....	1	2
vii. Other reason .....	1	2 (E12a)

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

E12a. Since your (MONTH) study visit, have you taken any medication for blood pressure or your heart, (such as Amiodarone, Quinidine, Verapamil, hydrochlorothiazide, etc.)? **SHOW PARTICIPANT RESPONSE CARD D4b. IF “YES,” RECORD MEDICATION IN QUESTION E13a.**

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

E12b. (Since your (MONTH) study visit), have you taken any medication to lower your cholesterol, triglyceride, or blood lipid level, (such as Lipitor, Pravachol, Zocor, etc.)? **SHOW PARTICIPANT RESONSE CARD D4c. IF “YES,” RECORD MEDICATION IN QUESTION E13a.**

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

E12c. (Since your (MONTH) study visit), have you taken any medication to lower your blood sugar, such as insulin injections or any oral medications? **SHOW PARTICIPANT RESPONSE CARD D4d. IF “YES,” RECORD MEDICATION IN QUESTION E13a.**

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

E12d. (Since your (MONTH) study visit), have you taken any medication to prevent or treat osteoporosis or fracture, such as calcium or vitamin D supplements, hormone replacement therapy, or bisphosphonates (e.g., Fosamax, Actonel, Reclast, Boniva, etc.)? **SHOW PARTICIPANT RESPONSE CARD D4e. IF “YES,” RECORD MEDICATION IN QUESTION E13a.**

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

WIHS ID#

E12e. (Since your (MONTH) study visit), have you taken any medication for seizures, (such as Tegretol, Dilantin, Phenobarbital, Depakote, etc.)? **SHOW PARTICIPANT RESPONSE CARD D4f. IF “YES,” RECORD MEDICATION IN QUESTION E13a.**

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

E12f. (Since your (MONTH) study visit), have you taken any medication for psychological conditions or depression, (such as Zyprexa, Zoloft, Celexa, etc.)? **SHOW PARTICIPANT RESPONSE CARD D4g. IF “YES,” RECORD MEDICATION IN QUESTION E13a.**

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

E12g. (Since your (MONTH) study visit), have you taken any medication for HIV lipodystrophy or body fat changes related to HIV, such as growth hormones or steroids? **SHOW PARTICIPANT RESPONSE CARD D4i. IF “YES,” RECORD MEDICATION IN QUESTION E13a.**

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

E12h. (Since your (MONTH) study visit), have you taken any medication for breathing or lung problems, (such as Singulair, monteleukast, Accolate, zafirlukast, Zyflo, zileutin, Theodur, theophylline, Slo-phyllin, Slo-bid, Aerolate, or albuterol)? **SHOW PARTICIPANT RESPONSE CARD D4k. IF “YES,” RECORD MEDICATION IN QUESTION E13a.**

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

E12i. Since your (MONTH) study visit, have you taken any other **prescribed** medications **not** previously mentioned? **IF “YES,” RECORD MEDICATION IN QUESTION E13a.**

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

E13. ENTER THE TOTAL NUMBER OF OTHER PRESCRIPTION MEDICATIONS RECORDED IN THE F22MEDS6 SECTION:

**PROMPT: ALL COMPLEMENTARY/ALTERNATIVE THERAPIES SHOULD BE REPORTED IN SECTION F, REGARDLESS OF WHETHER THEY ARE PRESCRIBED.**

**PROMPT: IF E13 = 0, SKIP TO SECTION F. IF E13 ≥ 1, LIST MEDICATIONS IN COLUMN “a” AND COMPLETE COLUMNS “b” AND “c” FOR EACH MEDICATION.**

**PROMPT: PHOTOCOPY PAGE 14 AND INSERT IF PARTICIPANT REPORTS USING MORE THAN 10 OTHER PRESCRIPTION MEDICATIONS.**

**START F22MEDS6**

WIHS ID#

a. Specify Drug Name	b. Have you taken this in the past 5 days? <b>YES NO</b>	c. INTERVIEWER, RECORD HERE HOW USE OF THIS MEDICATION WAS REPORTED.
Name of drug:	1 2	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: _____
Name of drug:	1 2	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: _____
Name of drug:	1 2	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: _____
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Name of drug:	1 2	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#

a. Specify Drug Name	b. Have you taken this in the past 5 days? <b>YES NO</b>	c. INTERVIEWER, RECORD HERE HOW USE OF THIS MEDICATION WAS REPORTED.
Name of drug:	1      2	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: _____
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Name of drug:	1      2	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: _____

**END F22MEDS6**

**SECTION F. ALTERNATIVE/COMPLEMENTARY MEDICATION USE**

F1. In addition to standard medication therapies, we are interested in collecting information on complementary and alternative therapies.

**PROMPT: HAND PARTICIPANT RESPONSE CARD D5.**

- a. Since your (MONTH) study 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 G3**)

WIHS ID#

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

**PROMPT: CIRCLE THE DRUG CODE FOR CAM NAMED. SPECIFY THOSE NOT LISTED UNDER "OTHER" AND FILL IN THE THREE-DIGIT DRUG CODE FROM DRUG LIST 3.**

**START F22MEDS5**

Treatments		i. Frequency of Use		ii. Currently Taking		iii. MAIN Reason for Taking
		Every or Almost Every Day	Only as Needed	YES	NO	
602	Acidophilus	1	2	1	2	___
607	B-complex	1	2	1	2	___
608	B-vitamins (B1 thiamine, B2 riboflavin, B5 pantothenic acid, B6 pyridoxine, B12)	1	2	1	2	___
612	C-vitamins (rosehips)	1	2	1	2	___
646	Calcium	1	2	1	2	___
615	Chinese herbs in combination	1	2	1	2	___
196	Co-enzyme Q-10	1	2	1	2	___
657	D-vitamins	1	2	1	2	___
619	E-vitamins	1	2	1	2	___
620	Echinacea (with or without goldenseal)	1	2	1	2	___
623	Folic Acid	1	2	1	2	___
624	Garlic	1	2	1	2	___
652	Glucosamine/Chondroitin	1	2	1	2	___
641	Iron	1	2	1	2	___
630	Multi- or Prenatal vitamins / Minerals	1	2	1	2	___
633	Omega-3 Type or Fish Oils	1	2	1	2	___
640	Zinc	1	2	1	2	___
___	Specify:	1	2	1	2	___
___	Specify:	1	2	1	2	___
___	Specify:	1	2	1	2	___
___	Specify:	1	2	1	2	___

**PROMPT: HAND PARTICIPANT RESPONSE CARD D6. REASONS FOR TAKING**

**COMPLEMENTARY/ALTERNATIVE MEDICATIONS:**

- |  |   |
|--|---|
| 01 = to treat or reduce side effects from "standard" medications | 06 = they are beneficial without causing side effects |
| 02 = to boost immune system                                      | 07 = standard HIV medications don't work              |
| 03 = to prevent opportunistic and general infections             | 08 = to gain weight                                   |
| 04 = to treat HIV infection                                      | 09 = to lose weight                                   |
| 05 = for general health  | 99 = other  |

**END F22MEDS5**

c. ENTER THE TOTAL NUMBER OF ALTERNATIVE/COMPLEMENTARY MEDICATIONS THE PARTICIPANT REPORTED TAKING IN QUESTION F1b: \_\_\_

G3. TIME MODULE ENDED: \_\_\_\_\_ : \_\_\_\_\_ AM ..... 1  
 PM ..... 2