

WOMEN'S INTERAGENCY HIV STUDY

MEDICATION 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 NUMBER: \_\_\_\_ A2a. WIHS CORE VISIT ..... 1  
3-MONTH VRS VISIT..... 2
- A3. FORM VERSION: 10 / 01 / 03
- 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

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**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 ANTIRETROVIRAL 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.**

**IF PARTICIPANT REPORTS USE OF A DRUG MARKED WITH "\*", FOLLOW PROMPT AT BOTTOM OF PAGE BEFORE READING OTHER DRUG NAMES TO PARTICIPANT.**

**CHECK THE DRUG(S) THE PARTICIPANT HAS TAKEN FOR HIV. 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 \_\_\_ \***Emtriva** (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 \_\_\_ Reyataz (atazanavir, BMS-232632)
- 238 \_\_\_ Tipranavir (PNU-140690)

**Entry Inhibitors**

- 233 \_\_\_ Fuzeon (T-20, enfuviramide, ENF)

**Other**

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

Name of Drug:	
Name of Drug:	

Drug Code: |\_|\_|\_|\_|

Drug Code: |\_|\_|\_|\_|

**END F22MEDS3**

**\*PROMPT: ASK PARTICIPANT IF SHE TAKES [EPIVIR, VIREAD, EMTRIVA] TO TREAT HIV ONLY, HEPATITIS (B OR C) ONLY, OR BOTH. IF HIV ONLY (OR PARTICIPANT IS UNSURE OF REASON), RECORD MEDICATION IN QUESTION B2A AND PROCEED WITH ADMINISTRATION OF DRUG FORM 1. IF HEPATITIS ONLY, DO NOT RECORD MEDICATION IN QUESTION B2A AND DO NOT ADMINISTER DRUG FORM 1. IF HIV AND HEPATITIS, RECORD MEDICATION IN QUESTIONS B2A AND D1A AND COMPLETE BOTH DRUG FORMS 1 AND 3.**

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

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b. IF PARTICIPANT HAS NOT TAKEN ANY ANTIRETROVIRAL MEDICATION SINCE HER (MONTH) STUDY VISIT, CHECK HERE: \_\_\_\_ (GO TO B10)

B3. Is this the first time you have taken any antiretroviral medication(s)?

YES .....1  
NO.....2 (GO TO B4)

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

	<u>YES</u>	<u>NO</u>
i. My viral load went up.....	1	2
ii. My CD4 level went down.....	1	2
iii. I was diagnosed with AIDS .....	1	2
iv. I became sicker, although I wasn't diagnosed with AIDS.....	1	2
v. My doctor recommended I start since my last study visit .....	1	2
vi. My doctor had previously recommended I start .....	1	2
vii. I'm pregnant or intend to become pregnant.....	1	2
viii. Other reason .....	1	2

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

B4. Since your (MONTH) study visit, have you changed any of your antiretroviral medications?

YES .....1  
NO.....2 (GO TO B5)

a. Why did you change your antiretroviral medications? **CIRCLE YES FOR ALL THAT APPLY.**

	<u>YES</u>	<u>NO</u>
i. My viral load went up.....	1	2
ii. My CD4 level went down.....	1	2
iii. I was diagnosed with AIDS .....	1	2
iv. I became sicker, although I wasn't diagnosed with AIDS.....	1	2
v. My doctor recommended I change since my last visit.....	1	2
vi. My doctor had previously recommended I change.....	1	2
vii. I was having side effects I couldn't tolerate .....	1	2
viii. I'm pregnant or intend to become pregnant.....	1	2
ix. To make other medications I take more effective.....	1	2
x. Other reason .....	1	2

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

B5. 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 three 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 B6)

b. How many **planned** breaks in your antiretroviral therapy did you take over the past three months?        
 # BREAKS

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

- YES .....1  
 NO .....2 (GO TO B5e)

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 HIV .....1  
 Because your viral load was going up or your CD4 count was falling .....2  
 Because you were having side effects .....3  
 Because you were pregnant .....4  
 Because you had another illness .....5  
 Other reason .....6

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, whichever is easiest for you.

- DAYS .....1  
 WEEKS .....2

B6. Now I am going to ask you about any therapy breaks you may have taken that were **unplanned**.

a. In the past three 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 B7)

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- b. How many **unplanned** breaks in your antiretroviral therapy did you take over the past three 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, whichever is easiest for you.

|\_|\_| DAYS .....1  
WEEKS .....2

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

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

- 100% of the time .....1 **(GO TO B8)**  
 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

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

**B8. 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 B9)

**c. PROMPT: HAND PARTICIPANT RESPONSE CARD D2.**

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

**B9. IS PARTICIPANT CURRENTLY TAKING COMBINATION THERAPY?**

- YES.....1
- NO.....2 (GO TO SECTION C)

**PROMPT: 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.

<b>STRONGLY</b>					<b>STRONGLY</b>
<u>AGREE</u>	<u>AGREE</u>	<u>UNCERTAIN</u>	<u>DISAGREE</u>	<u>DISAGREE</u>	<u>DISAGREE</u>

- 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

**PROMPT: GO TO SECTION C.**

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**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
- I feel too healthy .....3
- I am taking alternative treatments.....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: \_\_\_\_\_

**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.**

**IF PARTICIPANT REPORTS USE OF A DRUG MARKED WITH "\*", FOLLOW PROMPT AFTER EACH QUESTION BEFORE READING OTHER DRUG NAMES TO PARTICIPANT.**

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

114 \_\_\_ Pentamidine (aerosolized)

i. IF PARTICIPANT HAS NOT TAKEN ANY MEDICATION IN C1a  
SINCE HER (MONTH) STUDY VISIT, CHECK HERE: \_\_\_ (GO TO C1b)

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

- 091 \_\_\_ Foscarnet (Foscavir)
- 125 \_\_\_ Ganciclovir (DHPG, Cytovene)
- 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)
- 124 \_\_\_ Amphotericin B (Ampho B)
- 242 \_\_\_ **\*Pegylated interferon** (PEGASYS, PEG-Intron, Peginterferon alfa-2a, Peginterferon alfa-2b)

**\*PROMPT: ASK PARTICIPANT IF SHE TAKES [INTERFERON, PEGYLATED INTERFERON] TO TREAT HEPATITIS (B OR C) ONLY, TO PREVENT OR TREAT ANOTHER CONDITION, OR BOTH. IF HEPATITIS ONLY, DO NOT RECORD MEDICATION IN QUESTION C1B AND DO NOT ADMINISTER DRUG FORM 2. IF ANOTHER CONDITION ONLY, RECORD MEDICATION IN QUESTION C1B AND PROCEED WITH ADMINISTRATION OF DRUG FORM 2. IF HEPATITIS AND ANOTHER CONDITION, RECORD MEDICATION IN QUESTIONS C1B AND D1A AND COMPLETE BOTH DRUG FORMS 2 AND 3.**

i. IF PARTICIPANT HAS NOT TAKEN ANY MEDICATION IN C1b SINCE HER (MONTH) STUDY VISIT, CHECK HERE: \_\_\_ (GO TO C1c)

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

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>112 ___ Bactrim (Septra, TMP/SMX)</li> <li>184 ___ Biaxin (clarithromycin)</li> <li>153 ___ Cipro (ciprofloxacin)</li> <li>113 ___ Dapsone</li> <li>116 ___ Diflucan (fluconazole)</li> <li>213 ___ <b>*Famvir</b> (famcyclovir)</li> <li>138 ___ INH (isoniazid)</li> <li>154 ___ Lamprene (clofazimine)</li> <li>190 ___ Mepron (atovaquone)</li> <li>540 ___ Methadone</li> <li>229 ___ Monistat (miconazole)</li> <li>137 ___ Myambutol (ethambutol)</li> <li>145 ___ Mycelex or Lotrimin (clotrimazole)</li> </ul> | <ul style="list-style-type: none"> <li>127 ___ Nizoral (ketoconazole)</li> <li>144 ___ Nystatin (Mycostatin)</li> <li>228 ___ Oxandrin (oxandralone)</li> <li>702 ___ Prednisone (Deltasone)</li> <li>182 ___ PZA (pyrazinamide)</li> <li>235 ___ <b>*Rebetron</b> (Ribavirin &amp; Interferon alfa-2b)</li> <li>093 ___ Rifabutin (mycobutin)</li> <li>139 ___ Rifadin (rifampin)</li> <li>169 ___ Sporanox (itraconazole)</li> <li>230 ___ Terazol (terconazole)</li> <li>198 ___ Valtrex (valacyclovir)</li> <li>152 ___ Zithromax (azithromycin)</li> <li>146 ___ Zovirax (acyclovir)</li> </ul> |
|--|--|

**\*PROMPT: ASK PARTICIPANT IF SHE TAKES [FAMVIR, REBETRON] TO TREAT HEPATITIS (B OR C) ONLY, TO PREVENT OR TREAT ANOTHER CONDITION, OR BOTH. IF HEPATITIS ONLY, DO NOT RECORD MEDICATION IN QUESTION C1C AND DO NOT ADMINISTER DRUG FORM 2. IF ANOTHER CONDITION ONLY, RECORD MEDICATION IN QUESTION C1C AND PROCEED WITH ADMINISTRATION OF DRUG FORM 2. IF HEPATITIS AND ANOTHER CONDITION, RECORD MEDICATION IN QUESTIONS C1C AND D1A AND COMPLETE BOTH DRUG FORMS 2 AND 3.**

i. IF PARTICIPANT HAS NOT TAKEN ANY MEDICATION IN C1c SINCE HER (MONTH) STUDY VISIT, CHECK HERE: \_\_\_ (GO TO PROMPT)



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**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.**

**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 alfa-2b (Intron A)
- 242 \_\_\_ Pegylated interferon (PEGASYS or Peginterferon alfa-2a)  
(PEG-Intron or Peginterferon alfa-2b)
- 058 \_\_\_ Ribavirin (Virazole, Rebetrol)
- 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)

b. IF PARTICIPANT HAS NOT TAKEN ANY MEDICATION IN D1a SINCE HER (MONTH) STUDY VISIT, CHECK HERE: \_\_\_ (GO TO SECTION E)

**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

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

YES .....1  
 NO .....2 **(GO TO E3)**

a. How many blood pressure or heart medications are you taking now?

**PROMPT: HAND PARTICIPANT RESONSE 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 <b>(c)</b>	1	2
c. Quinidine (Cardioquin, Quin-Tab, Quinadure, Quinaglute, Quinidex)	1	2 <b>(d)</b>	1	2
d. Verapamil (Calan, Verelan, Covera, Isoptin)	1	2 <b>(e)</b>	1	2
e. Diltiazem (Cardizem, Cartia, Dilacor, Tiamate, Tiazac)	1	2 <b>(f)</b>	1	2
f. Nicardipine (Cardene)	1	2 <b>(g)</b>	1	2
g. Nifedipine (Procardia, Adalat)	1	2 <b>(h)</b>	1	2
h. Felodipine (Plendil)	1	2 <b>(E3)</b>	1	2

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

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

**PROMPT: HAND PARTICIPANT RESONSE 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. Lipid (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

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

YES .....1  
 NO.....2 **(GO TO E5)**

**PROMPT: HAND PARTICIPANT RESONSE 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>(b)</b>	1	2
b. Acarbose (Precose)	1	2 <b>(c)</b>	1	2
c. Chlorpropamide (Diabinese)	1	2 <b>(d)</b>	1	2
d. Glimepiride (Amaryl)	1	2 <b>(e)</b>	1	2
e. Glipizide (Glucotrol)	1	2 <b>(f)</b>	1	2
f. Glyburide (Micronase, Diabeta)	1	2 <b>(g)</b>	1	2
g. Metformin (Glucophage)	1	2 <b>(h)</b>	1	2
h. Miglitol (Glyset)	1	2 <b>(i)</b>	1	2
i. Orlistat (Xenical)	1	2 <b>(j)</b>	1	2
j. Pioglitazone (Actos)	1	2 <b>(k)</b>	1	2
k. Repaglinide (Prandin)	1	2 <b>(l)</b>	1	2
l. Rosiglitazone (Avandia)	1	2 <b>(m)</b>	1	2
m. Starlix (Nateglinide)	1	2 <b>(E5)</b>	1	2

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

YES.....1  
NO.....2 (GO TO E6)

**PROMPT: HAND PARTICIPANT RESONSE 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?

YES.....1  
NO.....2 (GO TO E7)

**PROMPT: HAND PARTICIPANT RESONSE 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 (h)	1	2
h. Depakote	1	2 (E7)	1	2

WIHS ID#

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

YES .....1  
NO .....2 (GO TO E8)

**PROMPT: HAND PARTICIPANT RESONSE CARD D4g: PSYCH 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. Zyprexa (Olanzapine)	1	2 (b)	1	2
b. Serzone (Nefezodone)	1	2 (c)	1	2
c. Luvox (Fluvoxamine)	1	2 (d)	1	2
d. Zoloft (Sertraline)	1	2 (e)	1	2
e. Celexa (Citalpram)	1	2 (f)	1	2
f. Depakote	1	2 (E8)	1	2

E8. **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.

**ESTROGEN:**

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

**PROGESTERONE:**

Provera, Cycrin, 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 E9)

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a. INTERVIEWERS: BASED ON PARTICIPANT RESPONSE IN E8, 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	1	2
ii. Depression, anxiety or emotional distress .....1	1	2
iii. Replacement after hysterectomy or removal of ovaries .....1	1	2
iv. Osteoporosis, or to prevent or treat bone loss.....1	1	2
v. Prevention of heart disease .....1	1	2
vi. Irregular menstrual periods (spotting) .....1	1	2
vii. Other reason.....1	1	2 <b>(E9)</b>

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

E9. Since your (MONTH) study visit, have you been treated with radioactive iodine or any other medication for an overactive thyroid (hyperthyroidism)?

- YES.....1
- NO.....2 **(GO TO E10)**

**PROMPT: 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>(b)</b>	1	2
b. Beta blockers (propranolol, Inderal)	1	2 <b>(c)</b>	1	2
c. Methimazole (Tapazole)	1	2 <b>(d)</b>	1	2
d. Radioactive iodine (RAI)	1	2 <b>(E10)</b>	1	2

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E10. Since your (MONTH) study visit, have you taken any other **prescribed** medications **not** previously mentioned?

YES .....1  
NO .....2 (GO TO SECTION F)

**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) 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 SECTION G)

**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 LISTED 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	<b>Enzyme therapies (plant or pancreatic)</b>	1	2	Y N	
622	<b>Flower remedies</b>	1	2	Y N	
	<b>Herbs (Chinese/Asian, Native American, South American, Indian/Ayurvedic)</b>				
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	<b>Homeopathic remedies</b>	1	2	Y N	
	<b>Nutritional supplements (such as vitamins or minerals)</b>				
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	<b>NAC (N-acetyl-cysteine)</b>	1	2	Y N	
173	<b>Ozone</b>	1	2	Y N	
635	<b>SPV-30</b>	1	2	Y N	
637	<b>Thymus glandular</b>	1	2	Y N	
	<b>Other treatment(s) (from Drug List 3)</b>				
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	

**PROMPT: HAND PARTICIPANT RESPONSE CARD D6. REASONS FOR TAKING COMPLEMENTARY/ALTERNATIVE MEDICATIONS:**

- 01 = to treat or reduce side effects from “standard” medications
- 02 = to boost immune system
- 03 = to prevent opportunistic and general infections
- 04 = to treat HIV infection

- 05 = for general health
- 06 = beneficial without causing side effects
- 07 = standard HIV medications don't work
- 99 = other

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[Empty box for WIHS ID#]

**END F22MEDS5**

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

- Primary care provider (non-C/A practitioner) .....1 **(GO TO SECTION G)**
- 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 SECTION G)**
- NO .....2
- DON'T HAVE A PRIMARY CARE PROVIDER .....3 **(GO TO SECTION G)**

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

What is the **main** reason you have not told him/her? **CIRCLE ONE ANSWER ONLY.**

- 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

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**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 (MONTH) study 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 (MONTH) study visit, have you had...	Not at all	Not bad	Bad	Very bad	Terrible	Do you feel that this symptom was a side effect of your...					
						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 (G2)	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. PROMPT: HAND PARTICIPANT RESONSE 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<br>AGREE | AGREE | UNCERTAIN | DISAGREE | STRONGLY<br>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