

WOMEN'S INTERAGENCY HIV STUDY
FORM PMU02: Follow-up Pain Medication Use Questionnaire

SECTION A: GENERAL INFORMATION

- A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE |__|_|-|__|_|-|__|_|_|_|_|-|__|_|
- A2. WIHS STUDY VISIT #: |__|_|_|
- A3. FORM VERSION: **04/01/15**
- A4. DATE OF INTERVIEW: |__|_|_| / |__|_|_| / |__|_|_|
 M D Y
- A5. INTERVIEWER'S INITIALS: |__|_|_|_|
- A6. TIME MODULE BEGAN: |__|_|_| : |__|_|_| AM..... 1
 PM..... 2

Pain is the source of considerable distress and disability among women living with HIV. However, there have been few studies focused specifically on the experience of pain among women with HIV and the goal of this study is to investigate how pain impacts the health and well-being of women with HIV. On this form, we will ask about medications you have taken for pain. Which of these medications have you taken *in the past year for your pain*? Do not answer “yes” if the medication was taken for another reason.

SPECIFY MEDICATION TYPE	YES	NO	How did you get the medications?	How much did you take?
HAND PARTICIPANT RESPONSE CARD PMU1	1	2 (B2)		
B1. Non-steroidal Anti-inflammatories (NSAIDS) Aspirin, Tylenol, Acetaminophen, Motrin, Ibuprofen, Aleve, Naproxin, Celebrex, etc.			Y N	
			a. Over the counter..... 1 2	i. __ _ _ # times/day
			b. Prescribed by a doctor 1 2	j. For how long?
		c. Other 1 2	__ _ _	
		SPECIFY: _____ (probe for example: spouse or long term partner, family, friend, etc.)		Days..... 1 Weeks..... 2 Months..... 3 Years 4

WIHS ID #

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SPECIFY MEDICATION TYPE	YES	NO	How did you get the medications?	How much did you take?
<p>HAND PARTICIPANT RESPONSE CARD PMU2</p> <p>B2. Steroidal Anti-inflammatories Prednisone, Prednisolone, Albuterol</p>	1	2 (B3)	<p style="text-align: right;"><u>Y</u> <u>N</u></p> <p>a. Prescribed by a doctor 1 2</p> <p>b. Other 1 2</p> <p>SPECIFY: _____ (probe for example: spouse or long term partner, family, friend, etc.)</p>	<p>i. __ __ # times/day</p> <p>j. For how long?</p> <p style="text-align: center;"> _ _ _ </p> <p style="text-align: right;">Days.....1 Weeks.....2 Months.....3 Years4</p>
<p>HAND PARTICIPANT RESPONSE CARD PMU3</p> <p>B3. Antidepressant Drugs Elavil (amitriptyline), Pamelor (nortriptyline), Norpramin (desipramine), or another antidepressant drug</p>	1	2 (B4)	<p style="text-align: right;"><u>Y</u> <u>N</u></p> <p>a. Prescribed by a doctor 1 2</p> <p>b. Other 1 2</p> <p>SPECIFY: _____ (probe for example: spouse or long term partner, family, friend, etc.)</p>	<p>i. __ __ # times/day</p> <p>j. For how long?</p> <p style="text-align: center;"> _ _ _ </p> <p style="text-align: right;">Days.....1 Weeks.....2 Months.....3 Years4</p>
<p>HAND PARTICIPANT RESPONSE CARD PMU4</p> <p>B4. Anticonvulsant/Antiepileptic Drugs Neurontin (gabapentin), Lyrica (pregabalin), carbamazepine (Tegretol)</p>	1	2 (B5)	<p style="text-align: right;"><u>Y</u> <u>N</u></p> <p>a. Prescribed by a doctor 1 2</p> <p>b. Other 1 2</p> <p>SPECIFY: _____ (probe for example: spouse or long term partner, family, friend, etc.)</p>	<p>i. __ __ # times/day</p> <p>j. For how long?</p> <p style="text-align: center;"> _ _ _ </p> <p style="text-align: right;">Days.....1 Weeks.....2 Months.....3 Years4</p>

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SPECIFY MEDICATION TYPE	YES	NO	How did you get the medications?	How much did you take?
<p>HAND PARTICIPANT RESPONSE CARD PMU5</p> <p>B5. Topical Anesthetics 5% Lidocaine patch, Capsaicin, Cortizone, Bengay, Aspercreme, Icy Hot, Orajel, etc.</p>	1	2 (B6)	<p style="text-align: right;"><u>Y</u> <u>N</u></p> <p>a. Over the counter.....1 2</p> <p>b. Prescribed by a doctor1 2</p> <p>c. Other1 2</p> <p>SPECIFY: _____ (probe for example: spouse or long term partner, family, friend, etc.)</p>	<p>i. __ __ # times/day</p> <p>j. For how long?</p> <p style="text-align: center;"> _ _ _ </p> <p style="text-align: right;">Days.....1 Weeks.....2 Months.....3 Years4</p>
<p>HAND PARTICIPANT RESPONSE CARD PMU6</p> <p>B6. Mild Opioid Drugs Butalbital, Codeine, Combunox, Darvocet, Darvon, E-Lor, Endocet, Endodan, Fioricet, Fiorinal, Hydrocet, Hydrocodone, Hydrogesic, Lorcet, Lortab, Norco, Oxycodone, OxyContin, Oxydose, OxyIR, Percocet, Percodan, Propocet, Propoxyphene, Roxicet, Roxicodone, Roxiprin, Tramadol, Tylox, Ultracet, Ultram, Vicodin, Vicoprophen, Wygesic, Zydone, Tylenol with Codeine (e.g., Tylenol #3)</p>	1	2 (B7)	<p style="text-align: right;"><u>Y</u> <u>N</u></p> <p>a. Prescribed by a doctor1 2</p> <p>b. Spouse or long-term partner1 2</p> <p>c. Family1 2</p> <p>d. Friend1 2</p> <p>e. Co-worker.....1 2</p> <p>f. Internet1 2</p> <p>g. Drug dealer or other stranger1 2</p>	<p>i. __ __ # times/day</p> <p>j. For how long?</p> <p style="text-align: center;"> _ _ _ </p> <p style="text-align: right;">Days.....1 Weeks.....2 Months.....3 Years4</p>

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HAND PARTICIPANT RESPONSE CARD PMU7 B7. Strong Opioid Drugs Actiq, Avinza, Butorphanol, Deodorized Tincture of Opium (DTO), Demerol, Demerol Hydrochloride, Dilaudid, Dolophine, Duragesic, Fentanyl, Fentora, Hydromorphone, Isonipecaine, Kadian, Levorphanol, Meperidine, Levo-Dromoran, Methadone, Methdose, Morphine, MSContin, Oramorph SR, Paregoric, Pethidine, Roxanol, Roxanol-T, Stadol	1	2 (B8)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td>a. Prescribed by a doctor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Spouse or long-term partner</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Family</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. Friend</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. Co-worker</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. Internet</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g. Drug dealer or other stranger</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		<u>Y</u>	<u>N</u>	a. Prescribed by a doctor	1	2	b. Spouse or long-term partner	1	2	c. Family	1	2	d. Friend	1	2	e. Co-worker	1	2	f. Internet	1	2	g. Drug dealer or other stranger	1	2	i. __ __ # times/day j. For how long? __ __ Days.....1 Weeks.....2 Months.....3 Years4
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HAND PARTICIPANT RESPONSE CARD PMU8 B8. Marijuana Marijuana, Hash, Marinol (dronabinal)	1	2 (B9)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td>a. Prescribed by a doctor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Spouse or long-term partner</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Family</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. Friend</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. Co-worker</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. Internet</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g. Drug dealer or other stranger</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		<u>Y</u>	<u>N</u>	a. Prescribed by a doctor	1	2	b. Spouse or long-term partner	1	2	c. Family	1	2	d. Friend	1	2	e. Co-worker	1	2	f. Internet	1	2	g. Drug dealer or other stranger	1	2	i. __ __ # times/day j. For how long? __ __ Days.....1 Weeks.....2 Months.....3 Years4
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HAND PARTICIPANT RESPONSE CARD PMU9 B9. Sleeping Medications Ambien (zolpidem), Halcion (triazolam), Restoril (temazepam), etc.	1	2 (B10)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td>a. Prescribed by a doctor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Spouse or long-term partner</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Family</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. Friend</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. Co-worker</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. Internet</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g. Drug dealer or other stranger</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		<u>Y</u>	<u>N</u>	a. Prescribed by a doctor	1	2	b. Spouse or long-term partner	1	2	c. Family	1	2	d. Friend	1	2	e. Co-worker	1	2	f. Internet	1	2	g. Drug dealer or other stranger	1	2	i. __ __ # times/day j. For how long? __ __ Days.....1 Weeks.....2 Months.....3 Years4
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HAND PARTICIPANT RESPONSE CARD PMU10 B10. Sedative or Anxiety Medication Ativan (lorazepam), Xanax (alprazolam), Valium (diazepam), Klonopin (clonazepam), etc.	1	2 (B11)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td>a. Prescribed by a doctor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Spouse or long-term partner</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Family</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. Friend</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. Co-worker</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. Internet</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g. Drug dealer or other stranger</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		<u>Y</u>	<u>N</u>	a. Prescribed by a doctor	1	2	b. Spouse or long-term partner	1	2	c. Family	1	2	d. Friend	1	2	e. Co-worker	1	2	f. Internet	1	2	g. Drug dealer or other stranger	1	2	i. __ __ # times/day j. For how long? __ __ Days.....1 Weeks.....2 Months.....3 Years4
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HAND PARTICIPANT RESPONSE CARD PMU11 B11. Muscle Relaxant Medication Flexeril (cyclobenzaprine), Skelaxin (metaxalone), Baclofen	1	2 (B12)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td>a. Prescribed by a doctor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Other</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table> SPECIFY: _____ (probe for example: spouse or long term partner, family, friend, etc.)		<u>Y</u>	<u>N</u>	a. Prescribed by a doctor	1	2	b. Other	1	2	i. __ __ # times/day j. For how long? __ __ Days.....1 Weeks.....2 Months.....3 Years4															
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HAND PARTICIPANT RESPONSE CARD PMU12 B12. Migraine Medication Imitrex (sumatriptan), Maxalt (rizatriptan)	1	2 (B13)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td>a. Prescribed by a doctor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Other</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table> SPECIFY: _____ (probe for example: spouse or long term partner, family, friend, etc.)		<u>Y</u>	<u>N</u>	a. Prescribed by a doctor	1	2	b. Other	1	2	i. __ __ # times/day j. For how long? __ __ Days.....1 Weeks.....2 Months.....3 Years4															
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