

WOMEN'S INTERAGENCY HIV STUDY
ANTIVIRAL MEDICATIONS
DRUG FORM 1

COMPLETE THIS FORM FOR EACH MEDICATION LISTED IN FORM 22 F1.B.

PARTICIPANT ID: | | - | | | - | | | | | - | |

WIHS STUDY VISIT #: _ _

FORM VERSION: 1 0 / 0 1 / _

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PROMPT: SELECT THE SPECIFIC DRUG FOR WHICH INFORMATION WILL BE CAPTURED ON THIS FORM

Nucleoside/Nucleotide RTIs

- 204~ 3-TC (lamivudine, Epivir)
- 218~ Abacavir (Ziagen, 1592U89)
- 146~ Acyclovir (Zovirax)
- 224~ Adefovir (Preveon, bis-POM PMEA,
GS 840)
- 092~ AZT (Retrovir, zidovudine, ZDV)
- 227~ Combivir (AZT + 3TC)
- 159~ d4T (stavudine, Zerit)
- 094~ ddC (Hivid)
- 147~ ddl (Videx)

Other

- 207~ Hydroxyurea (Hydrea)
- ~ Other anti-viral (from Drug List 1)

Protease Inhibitors

- 219~ Amprenavir (141W94)
- 212~ Indinavir (Crixivan)
- 216~ Nelfinavir (Viracept)
- 211~ Ritonavir (Norvir)
- 210~ Saquinavir (Invirase, Fortovase)

Non-Nucleoside RTIs

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WIHS ID#

194~ Delavirdine (Rescriptor, U-90)

220~ Efavirenz (Sustiva, DMP266)

191~ Nevirapine (Viramune)

Name of Drug: _____ → Drug Code: _____

You said you have taken (DRUG) since your (MONTH) study visit:

B. What was the date you began taking (DRUG)? I just need the month and year.

1.A. Is this a new medication you have begun using since your (MONTH) study visit?

___ / ___
MONTH YEAR

Yes.....1 **GO TO Q2**
No.....2 →

2. A. Since your (MONTH) study visit, how did you get (DRUG)?

B. Was this study one in which you were blinded to the treatment (in other words, you did not know the specific medications you were taking)?

CIRCLE ONE ANSWER. **STOP HERE**

Yes.....1 →
No.....2

Regular Prescription.....1 → **GO TO Q3**
Compassionate Use Program...2 →
Research Study.....3

3. PROMPT: SHOW PARTICIPANT RESPONSE CARD D8.

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WIHS ID#

Since your (MONTH) study visit, how long have you used (DRUG)?

CIRCLE ONE ANSWER.

- 1 week or less1
- More than 1 week but less than 1 month2
- 1-2 months3
- 3-4 months4
- 5-6 months5
- More than 6 months6

4. A. Are you currently taking (DRUG)?

- Yes1 → **GO TO Q5**
- No2

B. Since your (MONTH) study visit, in what month and year did you most recently take (DRUG)?

___ / ___
 MONTH YEAR

PROMPT: SHOW PARTICIPANT RESPONSE CARD D9.

What is the MAIN reason you stopped taking (DRUG)?

CIRCLE ONLY ONE RESPONSE.

- Prescription changes by physician 1
- My CD4+ was too high/viral load was too low2
- I felt too healthy3
- Medication not working4
- I am taking alternative medications5
- It caused unpleasant side effects..6
- Fear of drug/drug too toxic7
- Too hard to swallow8
- Tired of taking medications9
- Too complicated10
- Food/water restrictions too hard to follow11
- I can't afford it/have no insurance coverage12
- I'm having a baby13
- Personal decision14
- Family comes first, I don't have time for both15

WIHS ID#

Family/friends thought I should
not

take it..... 16

Alcohol/drug use..... 17

Any other reason..... 18

STOP HERE

5. PROMPT: IF THIS IS THE FIRST DRUG FORM 1 YOU ARE COMPLETING FOR THIS PARTICIPANT AT THIS VISIT, READ INTRODUCTION 1, OTHERWISE READ INTRODUCTION 2.

Now I'm going to ask you about how you are currently taking (DRUG).

CIRCLE ONE ANSWER EACH FOR 5A AND 5B.

INTRODUCTION 1:

This section of the questionnaire asks about how you are currently taking (DRUG).

Most people with HIV have many pills to take at different times during the day.

Many people find it hard to always remember their pills.

I need to understand how people with HIV are really doing with their medication doses.

Please tell me what you are actually doing.

Don't worry about telling me that you don't take all your doses. I need to know what is really happening, not what you think I want to hear.

INTRODUCTION 2:

A. According to your doctor, how many times a day are you supposed to take (DRUG)?

Once per day..... 1

Twice per day..... 2

Three times per day..... 3

Four times per day..... 4

B. How many total pills are you supposed to take each day?

|_|_| total pills

PROMPT: ENTER "99" FOR LIQUID DOSE.

WIHS ID#

Now I'm going to ask about how you took (DRUG) over the past 3 days. If you took only a PORTION of a prescribed dose on one or more of these days, PLEASE REPORT THAT TIME(S) AS BEING MISSED.

A. How many times a day did you take this medication as prescribed:

i Yesterday (DAY): |__|__|
times

ii 2 days ago (DAY): |__|__| times

iii 3 days ago (DAY): |__|__| times

B. How many total pills did you take each day:

i Yesterday (DAY): |__|__|
pills

ii 2 days ago (DAY): |__|__| pills

iii 3 days ago (DAY): |__|__| pills

PROMPT: ENTER "99" FOR LIQUID DOSE.

7. In the past 3 days, did you take more, less, or about the same amount of (DRUG) as your recent use? By recent use, I mean use over the past couple of months.

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same

3

PROMPT: GO BACK AND

A

COMPLETE FORM 22.