

WOMEN'S INTERAGENCY HIV STUDY  
NON-ANTIVIRAL MEDICATIONS  
DRUG FORM 2

COMPLETE THIS FORM FOR EACH MEDICATION LISTED IN FORM 22 F10.B.

PARTICIPANT ID:       |\_| - |\_|\_| - |\_|\_|\_|\_| - |\_|

WIHS STUDY VISIT #:    \_  \_

~~FORM VERSION:        \_  1  \_ / \_  0  \_ / \_  1  \_ / \_~~

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

PCP

- 190~ Atovaquone (Mepron)
- 112~ Bactrim (Septra, TMP/SMX, trimethoprim/sulfamethoxa

zole)

- 113~ Dapsone
- 114~ Pentamidine (aerosolized)

- 093~ Rifabutin (Ansamycin, Mycobutin)
- 139~ Rifampin (Rifadin)

Other

- 998~ Other medication (from Drug List 2)

Name of Drug:

Mycobacterial

- 152~ Azithromycin (Zithromax)
- 153~ Ciprofloxacin (Cipro)
- 184~ Clarithromycin (Biaxin)
- 154~ Clofazimine (Lamprene)
- 137~ Ethambutol (Myambutol)
- 138~ Isoniazid (INH)
- 182~ Pyrazinamide (PZA)



WIHS ID#

Fungal

124 ~

Amphotericin B (Ampho B)

116 ~

Fluconazole (Diflucan)

169 ~

Itraconazole (Sporanox)

127 ~

Ketoconazole (Nizoral)

229 ~

Monistat (Miconazole)

145 ~

Mycelex (clotrimazole, Lotrimin)

144 ~

Nystatin (Mycostatin)

230 ~

Terazol (Terconazole)

231 ~

Cidofovir (Vistide)

157 ~ Colony stimulating factors

G-CSF, Neupogen)

117 ~

Erythropoietin (Epogen, Procrit)

213 ~ Famcyclovir (Famvir)

091 ~

Foscarnet (Foscavir)

125 ~

Ganciclovir (DHPG, cytovene)

232 ~

Nandrolone (Deca-Durabolin)

228 ~

Oxandrolone (Oxandrin)

198 ~

Valcyclovir (Valtrex)

Other

You said you were taking (DRUG) since your (MONTH) study visit:

1. A. How did you get access to this medication? **CIRCLE ONE ANSWER.**

Regular prescription.....1 →

Compassionate use program .....2 →

Research study .....3

**GO TO Q2**

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WIHS ID#

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)?

Yes .....1 → **STOP HERE**  
No .....2

2. Were you taking this medication to treat or prevent any of the following medical conditions, illnesses, or symptoms?

- Tuberculosis .....1
- Positive skin test for TB (positive PPD) .....2
- Pneumocystis Carinii Pneumonia (PCP) .....3
- Pneumonia, non-PCP .....4
- Mycobacterium Avium (MAC) .....5
- None of the above .....6

3. How often do/did you take this medication?

**PROMPT: RECORD MOST RECENT NUMBER OF TIMES PER DAY OR TIMES PER WEEK OR TIMES PER MONTH OR TIMES PER YEAR.**

Number of times |\_\_|\_\_| per Day .....1  
Week .....2  
Month .....3  
Year .....4

4. **PROMPT: HAND PARTICIPANT RESPONSE CARD D8.**

For how long did you use (DRUG) since your last visit?

- 1 week or less .....1
- More than 1 week but less than 1 month .....2
- 1-2 months .....3
- 3-4 months .....4
- 5-6 months .....5
- More than 6 months .....6

5. Are you currently taking (DRUG)?

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WIHS ID#

Yes .....1

**PROMPT: GO BACK AND COMPLETE FORM 22**

No.....2