

WOMEN'S INTERAGENCY HIV STUDY

MEDICAL AND HEALTH HISTORY

FORM 22

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 / 9 8
M D Y

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 some questions about your health history. I will be asking you a series of questions about diseases, symptoms, and medicines you may have had or taken since your study visit on __ __ / __ __ / __ __. Also, if at any point in the interview you wish to stop, let me know.
M D Y

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. SYMPTOMS

Since your (MONTH) study visit, have you experienced any of the following:

	<u>YES</u>	<u>NO</u>
B1. a fever for more than one month straight, with a temperature over 100 degrees	<div style="border: 1px solid black; background-color: #cccccc; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>	2
B3. major problems with memory or concentration that interfered with your normal, everyday activities, and that lasted for more than two weeks	<div style="border: 1px solid black; background-color: #cccccc; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>	2
B4. numbness, tingling, or burning sensations in your arms, legs, hands or feet that lasted for more than two weeks.	<div style="border: 1px solid black; background-color: #cccccc; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>	2
B5. an unintentional weight loss, of 10 pounds or more, or have changed to a smaller clothing size, that lasted more than one month	<div style="border: 1px solid black; background-color: #cccccc; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>	2
B6. confusion, getting lost in a familiar place or inability to perform routine mental tasks	<div style="border: 1px solid black; background-color: #cccccc; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>	2
B7. drenching night sweats that soak night clothes or bedding	<div style="border: 1px solid black; background-color: #cccccc; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>	2

REFER FOR DIFFERENTIAL DIAGNOSIS TO PARTICIPANT'S MEDICAL PROVIDER

PROMPT: IF ALL OF B1 - B7 = NO, ASK B8; OTHERWISE, SKIP TO B9.

B8. Do you have any symptoms or complaints related to your health?

YES1

NO2 **(B10)**

B9. Do these symptoms affect your ability to carry on normal activities?

YES1

NO2

B10. Since your (MONTH) study visit, have you noticed any change in your breast size or bra size?
PROMPT: IF THE PARTICIPANT RESPONDS YES, PROBE WHETHER THIS CHANGE IN SIZE WAS AN INCREASE OR A DECREASE.

- YES, AN INCREASE1
- YES, A DECREASE2
- NO3

B11. What is your current bra size? I need both the chest and the cup size (for example, 36C.)

- | | |
|----------------------|---------------------|
| a. CHEST SIZE | b. CUP SIZE |
| _ _ | _ _ _ |
| (eg: 36) | (eg: C, DD ,etc...) |

B12. Since your (MONTH) study visit, have you noticed any change in the size of your belly?
PROMPT: IF THE PARTICIPANT RESPONDS YES, PROBE WHETHER THIS CHANGE IN SIZE WAS AN INCREASE OR A DECREASE.

- YES, AN INCREASE1
- YES, A DECREASE2
- NO3

B13. Since your (MONTH) study visit, have you developed a “hump” at the back of your neck?

- YES1
- NO2

B14. Since your (MONTH) study visit, have you noticed any changes in your face such as sunken cheeks, less fullness, or thinning of your face?

- YES1
- NO2

B15. a. Since your (MONTH) study visit, have you felt that there was any unintentional change in the shape of your body?

- YES1
- NO2 (C1)

b. In what way?

**SECTION C: MEDICAL CONDITIONS
AND CONCOMITANT ILLNESSES/SYMPTOMS**

For these questions, I am going to use the words “health care provider” to mean any doctor, nurse, physician’s assistant or nurse practitioner you go to for medical care.

C1. a. Since your (MONTH) study visit, have you been told by a health care provider that you had cervical cancer?

YES 1
NO 2 (C2)

b. Have you had surgery (been admitted to the hospital and had surgery in an operating room) to treat the cervical cancer?

YES1
NO2

c. Have you had a CAT or MRI scan of your abdomen (a big donut-shaped machine that takes special pictures)?

YES1
NO2

d. Have you been told that you need to have either surgery or radiation therapy?

YES1
NO2

C2. Since your (MONTH) study visit, have you been told by a health care provider that you had any other type of cancer, including skin cancer, lymphoma, Kaposi’s sarcoma, Hodgkin’s disease, breast cancer or cancer of the female organs – the ovaries or uterus?

YES1
NO2 (C27)

What kind of cancer? Was it: **[READ C3 - C11]**

YES NO/NEVER
HEARD OF IT

- C3. Breast cancer 1 2 **(C4)**
 - a. Have you had a lump removed by a surgeon (not a needle biopsy, but an incision resulting in stitches)?
 - Yes.....1
 - No.....2
 - b. Have you had a mastectomy (removal of entire breast)?
 - Yes.....1
 - No.....2
- C4. Cancer of the ovary 1 2
- C5. Cancer of the uterus..... 1 2
- C6. Kaposi’s Sarcoma (KS)..... 1 2
- C7. Lymphoma 1 2
- C8. Lymphoma in the brain 1 2
- C9. Hodgkin’s disease..... 1 2
- C10. Skin cancer (not KS) 1 2
- C11. Other..... 1 2 **(C12)**

(SPECIFY)

PROMPT: IF ANY OF C1 - C11 = YES, THEN COMPLETE ASCERTAINMENT TRACKING CHECKLIST FOR EACH ILLNESS AND OBTAIN MEDICAL RECORD RELEASE.

- C12. Since your (MONTH) study visit have you received cancer chemotherapies?

<u>YES</u>	<u>NO</u>
1	2
- C13. Since your (MONTH) study visit have you received radiation treatments?

1	2
---	---

C27. Since your (MONTH) study visit, have you had a new diagnosis of asthma, or a worsening of your asthma?

YES1
 NO2

C28. The next few questions are about tuberculosis. I will refer to tuberculosis as TB for short. Since your (MONTH) study visit, as far as you know, has anyone in your family or anyone you lived with, had TB?

YES1
 NO2

C29. Since your (MONTH) study visit, have you had TB?

YES1
 NO2 (C30)

Was it in your:	<u>YES</u>	<u>NO</u>
a. Lungs?	1	2
b. Other Location?	1	2

(SPECIFY)

c. Did you have a chest X-ray?	1	2
d. Did you take medications for 3 months or more?	1	2

C30. Not including the test you had for this study, since your (MONTH) study visit, have you had a skin test for TB?

YES1
 NO2 (C31)
 DON'T KNOW <-8> (C31)
 DECLINED <-7> (C31)

a. When was the last time (most recent) you had a skin test for TB? I need the month and the year.

____ / ____
 M Y

b. Were you told that the test was positive or showed that you had been exposed to TB?

YES1
 NO2
 DON'T KNOW <-8>
 DECLINED <-7>

PROMPT: IF C29a-d OR C30b = YES, THEN COMPLETE ASCERTAINMENT TRACKING CHECKLIST FOR EACH ILLNESS AND OBTAIN MEDICAL RECORD RELEASE.

--

C31. Now I'm going to ask you about some other medical conditions that may require medical care. Have you had any of the following conditions, since your (MONTH) study visit?

	<u>YES</u>	<u>NO</u>
a. Sinusitis, a sinus infection that required antibiotics.....	1	2
b. UTI, a urinary tract infection or an infection in your bladder or kidneys that required antibiotics.....	1	2

PROMPT:
IF EVEN NUMBERED VISIT (#2, #4, #6, etc.), SKIP TO SECTION D.

C32. Now I'm going ask you about some other medical conditions that may require medical care. Have you had any of the following conditions, since your (MONTH) study visit?

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>DECLINED</u>
a. High blood pressure or hypertension	1	2	<-8>	<-7>
b. High blood sugar, diabetes, sugar diabetes....	1	2	<-8>	<-7>
c. Lupus or rheumatoid arthritis or any rheumatologic disease.....	1	2	<-8>	<-7>

SECTION D: SKIN AND ORAL CONDITIONS

ASK QUESTIONS D1 AND D3 FOR EACH CONDITION BELOW. EACH TIME A PARTICIPANT RESPONDS THAT SHE HAS HAD THE CONDITION, ASK SUBQUESTION “a” BEFORE PROCEEDING TO THE NEXT CONDITION.

D1-D3

Since your (MONTH) study visit, has a health care provider, either a doctor, dentist, nurse practitioner, nurse, or physician’s assistant, told you that you had **(CONDITION)?**

D1a –D3a

How many different times in the past 6 months did you have this?

- D1. Shingles (Herpes Zoster)?
- | | |
|------------------|------------------|
| YES | 1 |
| NO | 2 (D3) |
| DON’T KNOW | <-8> (D3) |
| DECLINED | <-7> (D3) |

a.
TIMES

PROMPT: IF D1=YES, THEN COMPLETE ASCERTAINMENT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE

- b. Have you had 2 or more separate areas with shingles at the same time?
- | | |
|-----------|---|
| YES | 1 |
| NO | 2 |

- D3. Candida or thrush, yeast inside your mouth?
- | | |
|------------------|------------------|
| YES | 1 |
| NO | 2 (E1) |
| DON’T KNOW | <-8> (E1) |
| DECLINED | <-7> (E1) |

a.
TIMES

PROMPT: IF D3 = YES, THEN COMPLETE ASCERTAINMENT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE

SECTION E: AIDS DEFINING ILLNESSES

We are now interested in finding out about diseases that some women experience. These diseases are rare. They may occur in women who are HIV negative, however, they tend to occur more often in HIV positive women. As I read this list of diseases, please let me know whether or not you have had any of them. Many of the terms in this section are very technical and you may not have heard of them. If you've never heard of a term just say so. Please bear with me while we go through this section. Please keep in mind that the following questions refer to the time since your (MONTH) study visit.

E1. Since your (MONTH) study visit, has a health care provider told you that you had a CD4 count (T-cell count) less than 200 or less than 14%?

YES1
NO/NEVER HEARD OF IT2

E2. Since your (MONTH) study visit, has a health care provider told you that you had PCP, pneumocystis carinii pneumonia?

YES1
NO/NEVER HEARD OF IT2

E3. Since your (MONTH) study visit, has a health care provider told you that you had another type of pneumonia, lung infection?

YES1
NO/NEVER HEARD OF IT2 (E4)

a. Since your (MONTH) study visit, how many times have you had pneumonia, that required antibiotics, not counting PCP?

|_|_|
TIMES

b. When was the last time you had pneumonia, not counting PCP? I need the month and the year?

___ / ___
M Y

E4. Since your (MONTH) study visit, has a health care provider told you that you had Candida or thrush, a yeast infection of the esophagus (the tube between your mouth and stomach) not just in your mouth?

YES1
NO/NEVER HEARD OF IT2

E5. Since your (MONTH) study visit, has a health care provider told you that you had Candida or thrush, a yeast infection of the lungs or airways (trachea or bronchi)?

YES1
NO/NEVER HEARD OF IT2

PROMPT: IF THE PARTICIPANT RESPONDED "YES" TO ANY QUESTION IN SECTION E (E1-E22), COMPLETE ASCERTAINMENT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.

E6. (Since your (MONTH) study visit, has a health care provider told you that you had) an M-A-I infection which is sometimes called M-A-C or MAC?

YES1
 NO/NEVER HEARD OF IT2

E7. (Since your (MONTH) study visit, has a health care provider told you that you had) Toxo infection, or toxoplasmosis of the brain?

YES1
 NO/NEVER HEARD OF IT2

E8. (Since your (MONTH) study visit, has a health care provider told you that you had) C-M-V, cytomegalovirus:

	<u>YES</u>	<u>NO</u>
a.. in either eye (retinitis)?	1	2
b. in your blood?	1	2
c.. in your intestine?.....	1	2
d.. in your liver?.....	1	2
e. elsewhere in your body?	1	2 (E9)

(SPECIFY)

E9. Since your (MONTH) study visit, have you had diarrhea (3 or more soft or liquid stools per day), that lasted for more than one month?

YES1
 NO2 (E10)

a. Were you told that your diarrhea was caused by:

	<u>YES</u>	<u>NO/NEVER HEARD OF IT</u>
i. Cryptosporidia?	1	2
ii. Microsporidia?	1	2
iii. Isospora?	1	2
iv. C-M-V?	1	2
v. M-A-I?	1	2

PROMPT: IF THE PARTICIPANT RESPONDED “YES” TO ANY QUESTION IN SECTION E (E1-E22), COMPLETE ASCERTAINMENT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.

E10. Since your (MONTH) study visit, has a health care provider told you that you had meningitis related to HIV?

YES1
 NO/NEVER HEARD OF IT2 (E11)

a. Were you told that this was Crypto, Cryptococcal meningitis?

YES1
 NO/NEVER HEARD OF IT2

E11. (Since your (MONTH) study visit, has a health care provider told you that you had) Cryptococcal infection:

	<u>YES</u>	<u>NO</u>
a. in your blood?	1	2
b. elsewhere in your body?	1	2 (E12)

(SPECIFY)

E12. (Since your (MONTH) study visit, has a health care provider told you that you had) Histoplasmosis infection or Histo?

YES1
 NO/NEVER HEARD OF IT2 (E13)

a. Where in your body? _____

(SPECIFY)

E13. (Since your (MONTH) study visit, has a health care provider told you that you had) Cocci, coccidioidomycosis infection or Valley Fever?

YES1
 NO/NEVER HEARD OF IT2

E14. (Since your (MONTH) study visit, has a health care provider told you that you had) wasting syndrome, in other words, severe weight loss?

YES1
 NO/NEVER HEARD OF IT2 (E15)

Have you had (CONDITION) that lasted for at least one month, during the same time that you experienced severe weight loss?

	<u>YES</u>	<u>NO</u>
a. chronic diarrhea (at least 3 loose stools per day for greater than or equal to 30 days?)	1	2
b. chronic weakness and documented fever (for greater than or equal to 30 days?)	1	2
c. were you told that [this symptom/these symptoms] [was/were] due to HIV/AIDS?	1	2

PROMPT: IF THE PARTICIPANT RESPONDED “YES” TO ANY QUESTION IN SECTION E (E1-E22), COMPLETE ASCERTAINMENT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.

E15. (Since your (MONTH) study visit, has a health care provider told you that you had) dementia or encephalopathy, or that you had a memory problem or confusion caused by HIV?

YES1
NO/NEVER HEARD OF IT2

E16. (Since your (MONTH) study visit, has a health care provider told you that you had) herpes simplex with ulcers or sores lasting longer than one month?

YES1
NO/NEVER HEARD OF IT2

E17. (Since your (MONTH) study visit, has a health care provider told you that you had) herpes simplex infection of the lungs or esophagus, (the tube between your mouth and your stomach)?

YES1
NO/NEVER HEARD OF IT2

E18. (Since your (MONTH) study visit, has a health care provider told you that you had) an infection in the blood with a bacteria called salmonella?

YES1
NO/NEVER HEARD OF IT2 (E19)

a. Have you had this more than once, since your (MONTH) study visit?

YES1
NO2

E19. (Since your (MONTH) study visit, has a health care provider told you that you had) PML, progressive multifocal leukoencephalopathy, a disease of the brain?

YES1
NO/NEVER HEARD OF IT2

E20. (Since your (MONTH) study visit, has a health care provider told you that you had) AIDS?

YES1
NO2

PROMPT: IF THE PARTICIPANT RESPONDED “YES” TO ANY QUESTION IN SECTION E (E1-E22), COMPLETE ASCERTAINMENT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.

E21. Since your (MONTH) study visit, have you had a biopsy? A biopsy is when tissue, sometimes a lump or a mass, is removed with a needle or by making an incision. (DO NOT include biopsies that have been taken at WIHS gynecologic exams, including WIHS colposcopic examinations.)

YES1
 NO2 (E22)

Where in your body?	<u>YES</u>	<u>NO</u>
Was it a:		
a. Lung biopsy?	1	2
b. Skin biopsy?	1	2
c. Bone marrow biopsy?	1	2
d. Cervical biopsy?	1	2
e. Other biopsy?	1	2

 (SPECIFY)

E22. Since your (MONTH) study visit, have you been admitted to the hospital for any reason? This would include staying overnight or being admitted for a procedure that was done in one day. Please include all medical and psychiatric hospitalizations. This doesn't include being treated in the emergency room and later released.

YES1
 NO2 (PROMPT)
 DON'T KNOW <-8> (PROMPT)

a. How many times since your (MONTH) study visit?

 # TIMES

PROMPT: IF THE PARTICIPANT RESPONDED "YES" TO ANY QUESTION IN SECTION E (E1-E22), COMPLETE ASCERTAINMENT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.

SECTION F. MEDICATION HISTORY

F1. 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

F2. A. Since your (MONTH) study visit, have you taken any anti-viral medications or drugs on this list to help fight AIDS or the HIV virus?

YES..... 1
 NO..... 2 \ **GO TO QF8**

B. PROMPT: HAND PARTICIPANT ANTIVIRAL PHOTO MEDICATION CARDS.

Please name those drugs that you have taken.

PROMPT: CHECK THE BOX NEXT TO THE DRUG(S). 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.

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 ~ ddI (Videx)

Protease Inhibitors

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

Non-Nucleoside RTIs

- 194 ~ Delavirdine (Rescriptor, U-90)
- 220 ~ Efavirenz (Sustiva, DMP266)
- 191 ~ Nevirapine (Viramune)

Other

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

Name of Drug:	\ Drug Code: _ _ _ _
Name of Drug:	\ Drug Code: _ _ _ _

PLEASE COMPLETE DRUG FORM 1 FOR EACH MEDICATION MARKED ABOVE IN QUESTION F2.B.

F3. In general, over the past 6 months, how often did you take your antiretrovirals as prescribed?

- 100% of the time 1) **GO TO QF6**
- 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

F4. Since your [MONTH] study visit, was there a time when you missed at least two consecutive days of prescribed anti-retroviral therapy?

- YES 1
- NO 2

F5. PROMPT: HAND PARTICIPANT RESPONSE CARD D1.

People 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 anti-retroviral medications because you:

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

Specify reason:

F6. PROMPT: HAND PARTICIPANT RESPONSE CARD D2.

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

F7. A. 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 QF9

PROMPT: HAND PARTICIPANT RESPONSE CARD D2.

B. 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

GO TO QF9

F8. PROMPT: HAND PARTICIPANT RESPONSE CARD D3.

What is your MAIN reason for not taking any HIV-related medications or treatments?

CIRCLE ONE ANSWER ONLY.

- I am HIV negative..... 1
- My CD4+ was too high / viral load was too low 2
- I feel too healthy 3
- I am taking alternative medications 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
- 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 reason:

--

F9. A. Since your (MONTH) visit, have you taken any medication or drug to help fight AIDS or the HIV virus, or to prevent or treat opportunistic infections?

YES..... 1
 NO..... 2 \ **GO TO QF10**

B. PROMPT: HAND PARTICIPANT RESPONSE CARDS D4a and D4b.

Please name those drugs that you have taken.

PROMPT: CHECK THE BOX NEXT TO THE DRUG(S). FOR DRUGS NOT ON THE LIST, RECORD THE NAME UNDER "OTHER" AS STATED BY THE PARTICIPANT.

PCP

- 190 ~ Atovaquone (Mepron)
- 112 ~ Bactrim (Septra, TMP/SMX, trimethoprim/sulfamethoxazole)
- 113 ~ Dapsone
- 114 ~ Pentamidine (aerosolized)

Mycobacterial

- 152 ~ Azithromycin (Zithromax)
- 153 ~ Ciprofloxacin (Cipro)
- 184 ~ Clarithromycin (Biaxin)
- 154 ~ Clofazimine (Lamprene)
- 137 ~ Ethambutol (Myambutol)
- 138 ~ Isoniazid (INH)
- 182 ~ Pyrazinamide (PZA)
- 093 ~ Rifabutin (Ansamycin, Mycobutin)
- 139 ~ Rifampin (Rifadin)

Anti-Fungal

- 124 ~ Amphotericin B
- 116 ~ Fluconazole (Diflucan)
- 169 ~ Itraconazole (Sporanox)
- 127 ~ Ketoconazole (Nizoral)
- 229 ~ Monistat (Miconazole)
- 145 ~ Mycelex (clotrimazole, Lotrimin)
- 144 ~ Nystatin (Mycostatin)
- 230 ~ Terazol (Terconazole)

Other

- 157 ~ Colony stimulating factors (GM-CSF,G-CSF, Neupogen)
- 231 ~ Cidofovir (Vistide)
- 117 ~ Erythropoietin (Epogen, Procrit)
- 213 ~ Famcyclovir (Famvir)
- 091 ~ Foscarnet (Foscavir)
- 125 ~ Ganciclovir (DHPG, cytovene)
- 232 ~ Nandrolone (Deca-Durabolin)
- 288 ~ Oxandrolone (Oxandrin)
- 198 ~ Valcyclovir (Valtrex)

Other

998 ~ Other

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:

PLEASE COMPLETE DRUG FORM 2 FOR EACH MEDICATION MARKED ABOVE IN QUESTION F9.B.

WIHS ID#

F10. In addition to standard medication therapies, we are interested in collecting information on complementary and alternative therapies.

A. Since your (MONTH) 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. 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) **STOP HERE**

B. PROMPT: HAND PARTICIPANT RESPONSES CARD D5a and D5b.

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

PROMPT: CHECK THE BOX NEXT TO THE COMPLEMENTARY AND/OR ALTERNATIVE MEDICATION(S). FOR THOSE 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 3.

Treatments	Frequency of Use		Currently taking? Y N	MAIN reason for taking?
	Routinely	Infrequently (Only as needed)		
621 ~ Enzyme Therapies (plant or pancreatic)	1	2	Y N	
622 ~ Flower Remedies	1	2	Y N	
Herbs (Chinese/Asian, Native American, South American, Indian/Ayurvedic)				
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 ~ Homeopathic Remedies	1	2	Y N	
Nutritional Supplements (such as Vitamins, Minerals)				
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/Minerals	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 ~ NAC (N-acetyl-cysteine)	1	2	Y N	

HAND PARTICIPANT RESPONSE CARD D6.

Possible responses for reasons for taking complementary/alternative medications:

WIHS ID#

01=to treat or reduce side effects from “standard” medications	05=for general health
02=to boost immune system	06=beneficial without causing side effects
03=to prevent opportunistic and general infections	07=standard HIV medications don’t work
04=to treat HIV infection	99=other

Treatments	Frequency of Use		Currently taking?		MAIN reason for taking?
	Routinely	Infrequently (Only as needed)			
173 ~ Ozone	1	2	Y	N	
637 ~ Thymus Glandular	1	2	Y	N	
635 ~ SPV-30	1	2	Y	N	
~ Other treatment(s) (from Drug List 3):	1	2	Y	N	

Name of Treatment:	\ Drug Code: _ _ _ _	1	2	Y	N	
Name of Treatment:	\ Drug Code: _ _ _ _	1	2	Y	N	

HAND PARTICIPANT RESPONSE CARD D6.

Possible responses for reasons for taking complementary/alternative medications:

01=to treat or reduce side effects from “standard” medications	05=for general health
02=to boost immune system	06=beneficial without causing side effects
03=to prevent opportunistic and general infections	07=standard HIV medications don’t work
04=to treat HIV infection	99=other

F11. Who prescribes or guides your use of these alternative medications? **CIRCLE ONE ANSWER.**

- Primary care provider (non-C/A practitioner) 1 \
- Self-medicated 2
- Complementary/Alternative practitioner (Homeopath, Herbalist, Naturopath).... 3
- Health Store Staff..... 4
- Other 5

STOP HERE

F12. Have you discussed your use of this medication with your primary care provider?

- Yes 1
- No 2
- Don’t have a primary care provider 3

PROMPT: IF F12 = 1 OR 3 (YES, OR PARTICIPANT DOESN’T HAVE A PRIMARY CARE PROVIDER) STOP HERE.

F13. **PROMPT: HAND PARTICIPANT RESPONSE CARD D7.**

If no, what is the MAIN reason you have not told him/her? **CIRCLE ONE ANSWER.**

- 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

STOP HERE

WIHS ID#