

Section H: Treatments

TIME THIS SECTION BEGINS RECORDED HERE
TSST04H

H1. Have you ever taken AZT, a protease inhibitor, or any other drugs such as those listed on this card to treat your HIV infection (HAND R CARD #17)? PROBE: Drugs for HIV infection are sometimes called antiretroviral drugs.

READ IF NEEDED:

Antiretroviral drugs

- AZT (Retrovir, Zidovudine, ZDV)
- ddI (Videx, Didanosine)
- ddC (Hivid, Zalcitabine)
- D4T (Zerit, Stavudine)
- 3TC (Lamivudine)
- Ritonavir (a protease inhibitor)
- Indinavir (Crixivan, a protease inhibitor)
- Saquinavir (Invirase, a protease inhibitor)
- Nevirapine (a non-nucleoside reverse transcriptase inhibitor)
- Delavirdine (a non-nucleoside reverse transcriptase inhibitor)
- Lovirdine (a non-nucleoside reverse transcriptase inhibitor)

(Circle One)

B04H01 YES 1
NO 2 → SKIP TO H6

H2. What was your CD4 count when you first began taking drugs for HIV?

B04H02 ENTER CD4 COUNT: _____

H3. Over the last 6 months, which of the following drugs have you taken?

CODE ALL THAT APPLY

Antiretroviral drugs

- B04H03A** AZT (Retrovir, Zidovudine, ZDV)
- B04H03B** ddI (Videx, Didanosine)
- B04H03C** ddC (Hivid, Zalcitabine)
- B04H03D** D4T (Zerit, Stavudine)
- B04H03E** 3TC (Lamivudine)
- B04H03F** Ritonavir (a protease inhibitor)
- B04H03G** Indinavir (Crixivan, a protease inhibitor)
- B04H03H** Saquinavir (Invirase, a protease inhibitor)
- B04H03I** Nevirapine (a non-nucleoside reverse transcriptase inhibitor)
- B04H03J** Delavirdine (a non-nucleoside reverse transcriptase inhibitor)
- B04H03K** Lovirdine (a non-nucleoside reverse transcriptase inhibitor)

- B04H03L** DID NOT TAKE ANY IN LAST 6 MONTHS 1 → SKIP TO H6

H4. Over the last 6 months, on about how many days did you take only one of these drugs?

PROMPT: 6 MONTHS = 180 DAYS

B04H04 ENTER NUMBER OF DAYS: _____

H4a. IF ONLY ONE DRUG CODED IN H3, SKIP TO H6

H5. Over the last 6 months, on about how many days did you take more than one anti-HIV drug?

PROMPT: 6 MONTHS = 180 DAYS

B04H05 ENTER NUMBER OF DAYS: _____

NOTE: *As of baseline version 11, a verification item was added for all cases with responses greater than 180 DAYS at H5.*

H6. Have you ever taken any drugs to treat or to prevent problems or complications due to HIV disease such as: eye disease, cold sores, shingles, herpes, PCP or AIDS pneumonia, TB or MAC, thrush or other fungal infections, immune system problems, wasting, or cancer?

PROBE: We are interested in drugs such as Septra, Acyclovir, fluconazole, clarithromycin, or Megace)

(Circle One)

B04H06 YES 1
NO 2 → SKIP TO H40

H7. Have you ever taken any anti-CMV drugs such as those listed on this card (HAND R CARD #18) to prevent or treat eye, bowel, or other CMV disease?

READ IF NEEDED:

Medications to treat, control, or prevent CMV

- Ganciclovir (DHPG, GCV) by vein
- Ganciclovir by mouth (Cytovene)
- Ganciclovir eye implants
- Foscarnet by vein
- Cidofovir (HPMPC) by vein
- Cidofovir (HPMPC) by injection to eye

(Circle One)

B04H07 YES 1
NO 2 → SKIP TO H14

H7a. IF R DOES NOT REPORT HAVING CMV IN CLINICAL STAGE SECTION (IF MODULE 3, QUESTION C3b = 2), SKIP TO H14.

H8. Why did you first take this (these) drug(s)?

(Circle One)

- B04H08** TO TREAT MY CMV DISEASE WHEN I FIRST GOT IT OR DURING A FLARE UP 1
- TO KEEP ME FROM GETTING IT IN THE FIRST PLACE 2

H9. Over the last 6 months, which of these drugs have you taken?

CODE ALL THAT APPLY FROM SAME LIST ON CARD.

Medications to treat, control, or prevent CMV

- B04H09A** Ganciclovir (DHPG, GCV) by vein
B04H09B Ganciclovir by mouth (Cytovene)
B04H09C Ganciclovir eye implants
B04H09D Foscarnet by vein
B04H09E Cidofovir (HPMPC) by vein
B04H09F Cidofovir (HPMPC) by injection to eye
- B04H09G** DID NOT TAKE ANY IN LAST 6 MONTHS 1 → SKIP TO H14

H10. CAPI INSTRUCTION: SKIP H11 AND GO TO H11a IF ONLY MEDS CODED ARE EYE IMPLANTS OR INJECTION TO EYE (THAT'S GANCICLOVIR EYE IMPLANTS OR CIDOFOVIR [HPMPC] BY INJECTION TO EYE).

H11. Over the last 6 months, on about how many days did you take only one of these drugs?

PROMPT: 6 MONTHS = 180 DAYS

B04H11 ENTER NUMBER OF DAYS: _____

H11a. IF ONLY ONE DRUG CODED IN H9 NOT COUNTING GANCICLOVIR EYE IMPLANTS OR CIDOFOVIR [HPMPC] BY INJECTION TO EYE, SKIP TO H12a.

H12. Over the last 6 months, on about how many days did you take more than one anti-CMV drug?

PROMPT: 6 MONTHS = 180 DAYS

B04H12 ENTER NUMBER OF DAYS: _____

NOTE: *In baseline Version 11, a verification item was added for all cases with responses greater than 180 DAYS at H12.*

H12a. CAPI INSTRUCTION: IF GANCICLOVIR (GCV) BY VEIN IS NOT CODED IN H9, SKIP TO H14

H13. Over the last 6 months, on about how many days did you take your gancyclovir (GCV) by vein?

PROMPT: 6 MONTHS = 180 DAYS

B04H13 ENTER NUMBER OF DAYS: _____

H14. Have you ever taken any drugs such as these to treat or prevent an episode of PCP (Pneumocystis or AIDS pneumonia) or toxo (toxoplasmosis)? (HAND R CARD #19.)

READ LIST IF NEEDED:

Drugs to treat or prevent PCP or toxoplasmosis

- Septra or Bactrim (TMP/SMX, Trimethoprim/Sulfamethoxazole) by vein
- Septra or Bactrim (TMP/SMX, Trimethoprim/Sulfamethoxazole) by mouth
- Pentamidine by vein
- Inhaled Pentamidine (AeroPent, NebuPent, PneumoPent)
- Dapsone
- Trimethoprim
- Trimetrexate
- Leucovorin
- Fansidar
- Atovaquone (Mepron, 566)
- Primaquine
- Clindamycin by mouth
- Clindamycin by vein

(Circle One)

B04H14 YES 1

NO 2 → SKIP TO H19

H14a. CAPI CHECK: IF R DID NOT REPORT HAVING PCP (IF MODULE 3, QUESTION C3g = 2), SKIP TO H16).

H15. Why did you first take this (these) drug(s)?

(Circle One)

- B04H15** TO TREAT AN EPISODE OF PNEUMONIA 1
- TO KEEP ME FROM GETTING PNEUMONIA
- IN THE FIRST PLACE 2

H16. What was your CD4 count when you first began taking a drug to prevent PCP (Pneumocystis pneumonia)?

B04H16B CD4 COUNT: _____

OR

B04H16A NEVER TOOK A DRUG TO PREVENT PCP 1

H17. Over the last 6 months, which of the following drugs have you taken?

CODE ALL THAT APPLY

Drugs to treat or prevent PCP or toxoplasmosis

- B04H17A** Septra or Bactrim (TMP/SMX, Trimethoprim/Sulfamethoxazole) by vein
- B04H17B** Septra or Bactrim (TMP/SMX, Trimethoprim/Sulfamethoxazole) by mouth
- B04H17C** Pentamidine by vein
- B04H17D** Inhaled Pentamidine (AeroPent, NebuPent, PnemoPent)
- B04H17E** Dapsone
- B04H17F** Trimethoprim
- B04H17G** Trimetrexate
- B04H17H** Leucovorin
- B04H17I** Fansidar
- B04H17J** Atovaquone (Mepron, 566)
- B04H17K** Primaquine
- B04H17L** Clindamycin by mouth
- B04H17M** Clindamycin by vein

B04H17N DID NOT TAKE ANY IN LAST 6 MONTHS 1 → SKIP TO H19

H17a. CAPI INSTRUCTION: IF ONLY INHALED OR AEROSOLIZED PENTAMIDINE CODED IN H17, SKIP TO H19.

H18. Over the last 6 months, on about how many days did you take any of these drugs?

PROMPT: 6 MONTHS = 180 DAYS

B04H18 ENTER NUMBER OF DAYS: _____

H19. Have you ever taken any drugs such as these to treat or prevent an episode of tuberculosis (TB) or MAC (Mycobacterium avium complex) infection? (HAND R CARD #20)

READ IF NECESSARY:

Medications to treat, control, or prevent MAC (Mycobacterium Avium Complex)

- Clarithromycin (Biaxin, Klacid)
- Azithromycin (Zithromax)
- Clofazimine (Lamprene)
- Ethambutol (Myambutol)
- Ciprofloxacin (Cipro)
- Rifabutin (Mycobutin)
- Rifampin
- Sparfloxacin
- Ethionamide (Trecator)

Medications to treat, control, or prevent TB (tuberculosis)

- Isoniazid (INH)
- Rifampin
- Rifamate (INH/Rifampin)
- Ethambutol (Myambutol)
- Pyrazinamide (PZA)

(Circle One)

B04H19A YES 1
NO 2 → SKIP TO H23

H20. Which disease did you take these drugs to treat or prevent?

(Circle One)

B04H20 MAC 1
TB 2
BOTH 3

H21. Which of these drugs have you taken over the last 6 months?

CODE ALL THAT APPLY

Medications to treat, control, or prevent MAC (Mycobacterium Avium Complex)

- B04H21A** Clarithromycin (Biaxin, Klacid)
- B04H21B** Azithromycin (Zithromax)
- B04H21C** Clofazimine (Lamprene)
- B04H21D** Ethambutol (Myambutol)
- B04H21E** Ciprofloxacin (Cipro)
- B04H21F** Rifabutin (Mycobutin)
- B04H21G** Rifampin
- B04H21H** Sparfloxacin
- B04H21I** Ethionamide (Trecator)

Medications to treat, control, or prevent TB (tuberculosis)

- B04H21J** Isoniazid (INH)
Rifampin
- B04H21K** Rifamate (INH/Rifampin)
Ethambutol (Myambutol)
- B04H21L** Pyrazinamide (PZA)
- B04H21M** DID NOT TAKE ANY IN LAST 6 MONTHS 1 → SKIP TO H23

H22. Over the last 6 months, on about how many days did you take any of these drugs?

PROMPT: 6 MONTHS = 180 DAYS

B04H22 ENTER NUMBER OF DAYS: _____

H23. Have you ever taken any drugs such as these to treat or prevent an episode of thrush, candida, crypto (cryptococcus), histo (histoplasmosis), or other fungal infection? (HAND R CARD #20A)

READ IF NECESSARY:

Medications to treat, control, or prevent serious fungal diseases

- Amphotericin (Fungazole, Ampho B) by vein
- Fluconazole (Diflucan) by mouth
- Fluconazole (Diflucan) by vein
- Itraconazole (Sporanox) by mouth
- Flucytosine (5FC, Ancobon)
- Clotrimazole (Mycelex)

(Circle One)

- B04H23** YES 1
- NO 2 → SKIP TO H26

NOTE: In baseline versions 6-10, a NO response skipped to H29. Skip was changed to H26 as of version 11.

H24. Over the last 6 months, which of the following drugs have you taken?

CODE ALL THAT APPLY

Medications to treat, control, or prevent serious fungal diseases

- B04H24A** Amphotericin (Fungazole, Ampho B) by vein
- B04H24B** Fluconazole (Diflucan) by mouth
- B04H24C** Fluconazole (Diflucan) by vein
- B04H24D** Itraconazole (Sporanox) by mouth
- B04H24E** Flucytosine (5FC, Ancobon)
- B04H24F** Clotrimazole (Mycelex)

- B04H24G** DID NOT TAKE ANY IN LAST 6 MONTHS 1 → SKIP TO H26

H25. Over the last 6 months, on about how many days did you take any of these drugs?

PROMPT: 6 MONTHS = 180 DAYS

B04H25 ENTER NUMBER OF DAYS: _____

H26. In the last 6 months, did you take any anti-herpes drugs such as those listed on this card (HAND R CARD #21) to treat your HIV infection or to prevent cold sores, genital herpes, or shingles?

READ IF NEEDED:

Anti-herpes drugs

- Acyclovir (Zovirax) by mouth, vein, or as ointment
- Famciclovir (Famvir)
- Valacyclovir

(Circle One)

- B04H26** YES 1
- NO 2 → SKIP TO H28

H27. Over the last 6 months, on about how many days did you take any of these drugs?

PROMPT: 6 MONTHS = 180 DAYS

B04H27 ENTER NUMBER OF DAYS: _____

H28. CAPI INSTRUCTION: ASK H29 IF CD4 < 200, BLANK, OR UNKNOWN.
ALL OTHERS SKIP TO H32.

H29. Over the last 6 months, have you taken any drugs or treatments to boost your immune system or raise your blood counts such as those listed on this card? (HAND R CARD #22)

READ IF NEEDED:

Medications to boost the immune system, or to boost or control blood cell counts

- Epogen (Erythropoietin, EPO) injections
- Neupogen (GCSF) injections
- Interferon A injections
- GM-CSF (sargramostim, Leukine, Prokine) injections
- Immune Globulin (IVIG) by vein

(Circle One)

B04H29 YES 1
NO 2 → SKIP TO H32

H30. Over the last 6 months, which of the following drugs have you taken?

CODE ALL THAT APPLY

Medications to boost the immune system, or to boost or control blood cell counts

- B04H30A** Epogen (Erythropoietin, EPO) injections
- B04H30B** Neupogen (GCSF) injections
- B04H30C** Interferon A injections
- B04H30D** GM-CSF (sargramostim, Leukine, Prokine) injections
- B04H30E** Immune Globulin (IVIG) by vein

H31. Over the last 6 months, on about how many days did you take only one of these drugs?

PROMPT: 6 MONTHS = 180 DAYS

B04H31 ENTER NUMBER OF DAYS: _____

H31a. IF ONLY ONE DRUG CODED IN H30, SKIP TO H32.

H31b. Over the last 6 months, on about how many days did you take more than one of these drugs?

PROMPT: 6 MONTHS = 180 DAYS

B04H31B ENTER NUMBER OF DAYS: _____

NOTE: *As of baseline version 11, a verification item was added for all cases with responses greater than 180 DAYS at H31b.*

H32. CAPI CHECK: IF R DID NOT REPORT WASTING (A8 IS LESS THAN OR EQUAL TO .90 OF A9) OR WEIGHT LOSS THAT BOTHERED R MODERATELY OR EXTREMELY (MODULE 4) SKIP TO H39.

H33. Over the last 6 months, have you taken any drugs or treatments for wasting such as those listed on this card? (HAND R CARD #23)

READ IF NEEDED:

Medications to treat, control, or prevent wasting or severe weight loss

- Megace (megestrol acetate)
- Marinol (dronabinol)
- Testosterone
- Growth Hormone (Serostim, HGH)
- Oral liquid food supplements (Ensure, or others)
- Parenteral nutrition (TPN, PPN, feeding by vein or central line)
- Thalidomide (Synovir)

(Circle One)

B04H33 YES 1
NO 2 → SKIP TO H39

H34. Over the last 6 months, which of the following drugs or treatments have you taken?

CODE ALL THAT APPLY

Medications to treat, control, or prevent wasting or severe weight loss

- B04H34A** Megace (megestrol acetate)
- B04H34B** Marinol (dronabinol)
- B04H34C** Testosterone
- B04H34D** Growth Hormone (Serostim, HGH)
- B04H34E** Oral liquid food supplements (Ensure, or others)
- B04H34F** Parenteral nutrition (TPN, PPN, feeding by vein or central line)
- B04H34G** Thalidomide (Synovir)

H35. IF ONLY ORAL LIQUID FOOD SUPPLEMENTS BY MOUTH ARE CODED IN H34, SKIP TO H39.

H36. IF PARENTERAL NUTRITION (FEEDING BY VEIN) IS NOT CODED IN H34, SKIP TO H38.

H37. Over the last 6 months, on about how many days did you receive parenteral nutrition or food by vein?

PROMPT: 6 MONTHS = 180 DAYS

B04H37 ENTER NUMBER OF DAYS: _____

H38. Forgetting about food by vein or nutritional supplements by mouth for the moment, on how many days in the last 6 months did you take any of the other drugs that you mentioned?

PROMPT: 6 MONTHS = 180 DAYS

B04H38 ENTER NUMBER OF DAYS: _____

H39. CAPI CHECK: ASK H39a. ONLY ASK IF R HAS CANCER. IF R DID NOT REPORT CANCER (IF MODULE 3, QUESTION C1e = 2 or C1f = 2), SKIP TO H40.

H39a. Over the last 6 months, have you taken any treatment for KS, lymphoma or other cancer?

(Circle One)

B04H39A YES 1
NO 2 → SKIP TO H40

H39b. Did you have:

(Circle One on Each Line)

		<u>Yes</u>	<u>No</u>
B04H39B	Chemotherapy?	1	2
B04H39C	Radiation?	1	2
B04H39D	Some other kind of treatment?	1	2

H40. Over the last 6 months, have you regularly taken any drugs for depression, anxiety, or emotional problems? (SHOW R CARD #24)

(Circle One)

B04H40 YES 1
NO 2 → SKIP TO H42

H41. Is it one of the drugs on this card? (SHOW CARD #24)

Drugs to treat depression, anxiety, or emotional problems

- Fluoxetine (Prozac)
- Paroxetine (Paxil)
- Sertraline (Zoloft)
- Fluvoxamine (Luvox)
- Venlafaxine (Effexor)
- Nefazodone (Serzone)
- Clomipramine (Anafranil)
- Buspirone (Buspar)
- Prazepam (Centrax)
- Paxipam (Halazepam)
- Clozapine (Clozaril)
- Risperidone (Risperdal)
- Naltrexone (Revia)

(Circle One)

B04H41 YES 1
NO 2 → SKIP TO H42

H41a. Over the last 6 months, on about how many days did you take any of the drugs on this card? (SHOW CARD #24)

PROMPT: 6 MONTHS = 180 DAYS

B04H41A ENTER NUMBER OF DAYS: _____

H42. Over the last 6 months, have you taken any prescription drugs for pain?

(Circle One)

B04H42 YES 1
NO 2