

HCSUS 2nd Follow-up
4. Symptoms and Treatments
Section B: Treatments

INTERVIEWER: RECORD TIME THIS SECTION BEGINS HERE: , , : , , A.M./P.M.

B1. (HAND R CARD #6 AND PICTURE BOOK OPEN TO SECTION A) Please look through section A of this booklet to see if you recognize any drugs that you have taken since we last interviewed you on FU1DATE. Have you taken AZT, a protease inhibitor, an experimental drug, or any other drugs such as those listed on this card to treat your HIV infection?
PROBE: Drugs for HIV infection are sometimes called antiretroviral drugs.

LIST OF DRUGS ON SHOWCARD.

INTERVIEWER: PATIENTS MAY CALL NELFINAVIR (VIRACEPT) THE " AGOURON DRUG".
AGOURON IS THE DRUG COMPANY THAT MANUFACTURES NELFINAVIR.

YES..... 1 (G04B01)
NO 2

IF B1 <> 1 AND B1 = ASKED, GO TO B14
IF NEVER HAD CD4 TEST, GO TO B3
IF B1 = 1 AND TAKING HIV MEDICATION AT FU1, GO TO B3

B2. What was your CD4 count when you first began taking drugs for HIV?

ENTER CD4 COUNT: , , , (G04B02)

Valid Values: 0-2500
Soft Check: 2501-9999

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B3. (HAND CARD #6)

Since we last interviewed you on FU1DATE, which of the following drugs have you taken?

INTERVIEWER: PATIENTS MAY CALL NELFINAVIR (VIRACEPT) THE "AGOURON DRUG".
AGOURON IS THE DRUG COMPANY THAT MANUFACTURES NELFINAVIR.

(CODE ALL THAT APPLY)

AZT (Retrovir, Zidovudine, ZDV).....	1	(G04B0301)
ddl (Videx, Didanosine).....	2	(G04B0302)
ddC (Hivid, Zalcitabine).....	3	(G04B0303)
D4T (Zerit, Stavudine).....	4	(G04B0304)
3TC (Lamivudine)(Epivir).....	5	(G04B0305)
Ritonavir (Norvir, a protease inhibitor).....	6	(G04B0306)
Indinavir (Crixivan, a protease inhibitor).....	7	(G04B0307)
Saquinavir (Invirase, a protease inhibitor).....	8	(G04B0308)
Nevirapine (Viramune, a non-nucleoside reverse transcriptase inhibitor).....	9	(G04B0309)
Delavirdine (Rescriptor, a non-nucleoside reverse transcriptase inhibitor).....	10	(G04B0310)
Lovirdine (a non-nucleoside reverse transcriptase inhibitor).....	11	(G04B0311)
Nelfinavir (Viracept, a protease inhibitor).....	12	(G04B0312)
Adefovir.....	13	(G04B0313)
TOOK DRUG IN BLINDED CLINICAL TRIAL.....	14	(G04B0314)

IF B3 = 14, GO TO B14

IF B3 <> 6 AND B3 <> 7 AND B3 <> 8 AND B3 <> 9 AND B3 <> 10 AND B3 <> 11 AND B3 <> 12,
GO TO B6

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- B4. You mentioned that you have taken one or more of the new more powerful HIV drugs such as protease inhibitors or nrti's (non-nucleoside reverse transcriptase inhibitors) since FU1DATE.

INTERVIEWER: IF NEEDED READ LIST: Ritonavir (Norvir), Indinavir (Crixivan), Saquinavir (Invirase), Nelfinavir (Viracept), Nevirapine (Viramune), Delavirdine (Rescriptor), Lovirdine

When was the first time you ever took one of these drugs?

MONTH: ””

YEAR: ””

(G04B04M)

(G04B04Y)

Valid Values: 1-12

Valid Values: 1-98

IF YEAR REPORTED IS BEFORE 1990 SAY: "DATE IS BEFORE THESE DRUGS AVAILABLE"

- B5. (HAND CARD #6)

Thinking about the time since we last interviewed you on FU1DATE, what is the highest number of different kinds of antiretrovirals or other drugs for HIV infection (such as those listed on this card) you have taken in one day?

””

(G04B05)

Valid Values: 1-3

Valid Values: 4-15

Soft Check: 0

- B6. (HAND CARD #6)

On how many days since FU1DATE did you take only one antiretroviral or other drugs for HIV infection (such as those on this card)?

(INTERVIEWER: NUMBER OF DAYS SINCE FIRST FOLLOW UP = # DAYS)

DAYS: ”””

(G04B06)

Valid Values: 0-999

IF B5 = 1, GO TO B11

IF B6 = REF,DK AND B5 = REF,DK, GO TO B13

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B7. (HAND CARD #6)

On how many days since FU1DATE did you take only two antiretroviral or other drugs for HIV infection (such as those on this card)?

(INTERVIEWER: NUMBER OF DAYS SINCE FIRST FOLLOW UP = # DAYS)

DAYS: ,,,

(G04B07)

Valid Values: 0-999

IF B5 = 2, GO TO B11

B8. (HAND CARD #6)

On how many days since FU1DATE did you take only three antiretroviral or other drugs for HIV infection (such as those on this card)?

(INTERVIEWER: NUMBER OF DAYS SINCE FIRST FOLLOW UP = # DAYS)

DAYS: ,,,

(G04B08)

Valid Values: 0-999

IF B5 = 3, GO TO B11

B9. (HAND CARD #6)

On how many days since FU1DATE did you take only four antiretroviral or other drugs for HIV infection (such as those on this card)?

(INTERVIEWER: NUMBER OF DAYS SINCE FIRST FOLLOW UP = # DAYS)

DAYS: ,,,

(G04B09)

Valid Values: 0-999

IF B5 = 4, GO TO B11

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B10. (HAND CARD #6)

On how many days since FU1DATE did you take only five antiretroviral or other drugs for HIV infection (such as those on this card)?

(INTERVIEWER: NUMBER OF DAYS SINCE FIRST FOLLOW UP = # DAYS)

DAYS: 999

(G04B10)

Valid Values: 0-999

B11. ADD UP NUMBER OF DAYS TAKING ANTIRETROVIRALS FROM B6, B7, B8, B9, AND B10

IF TOTAL IS LESS THAN NUMBER OF DAYS SINCE FU1, GO TO B13 (G04B11)

B12. I have recorded here that you were taking

- one drug for B6 day(s)
- two drugs for B7 day(s)
- three drugs for B8 day(s)
- four drugs for B9 day(s)
- five drugs for B10 day(s)

for a total # of day(s) taking antiretroviral or other drugs for HIV infection since you were interviewed on FU1DATE. Is this correct?

IF NOT CORRECT, USE [Page-Up] TO GO BACK AND CORRECT PREVIOUS ENTRIES. ELSE PRESS ENTER TO CONTINUE

(INTERVIEWER: NUMBER OF DAYS SINCE FIRST FOLLOW-UP # DAYS)

(G04B12)

B13. Since we last interviewed you on FU1DATE, have you taken any drugs to treat or to prevent problems or complications of 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)

YES..... 1
NO.. 2

(G04B13)

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IF B13 <> 1 AND LOWEST CD4 EVER > OR EQUAL TO 200, GO TO B51
IF B13 <> 1 AND LOWEST CD4 EVER > OR EQUAL TO 50, GO TO B21

B14. (HAND R CARD #7 AND HAND R PICTURE BOOK OPEN TO SECTION B)
Since we last interviewed you on FU1DATE, have you taken any anti-CMV drugs such as those listed on this card to treat or prevent eye, bowel, or other CMV disease?

PROBE: You can look through section B of this booklet to see if you recognize any that you have taken.

READ IF NEEDED:

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
Valacyclovir

YES.....	1	(G04B14)
NO	2	

IF B14 = 1, GO TO B16
IF B14 <> 1 AND LOWEST CD4 EVER > OR EQUAL TO 50, GO TO B21

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4. Symptoms and Treatments

B15. (HAND CARD #8)

There are many reasons why people do not take medication to prevent CMV. Please look at this card and tell me the reasons that reflect why you are not taking CMV prophylaxis medication.

CODE ALL THAT APPLY

- | | | |
|---|---|------------|
| PHYSICIAN OR NURSE
DID NOT ADVISE ME TO TAKE IT | 1 | (G04B1501) |
| I CAN NOT AFFORD
TO PAY FOR THE MEDICATION..... | 2 | (G04B1502) |
| THE MEDICATION WAS
NOT PAID FOR BY MY INSURANCE | 3 | (G04B1503) |
| THE SIDE EFFECTS | 4 | (G04B1504) |
| THERE ARE TOO MANY PILLS OR THE MEDICATION
IS TOO COMPLICATED TO TAKE..... | 5 | (G04B1505) |
| PEOPLE TOLD ME THAT
THE MEDICINE IS NO GOOD..... | 6 | (G04B1506) |
| MY T-CELL COUNT WENT UP BECAUSE
OF THE HIV MEDICATIONS I AM TAKING | 7 | (G04B1507) |
| MY HIV INFECTION WAS TOO FAR
ADVANCED TO TAKE THIS MEDICATION | 8 | (G04B1508) |

IF B15 = ASKED, GO TO B21

B16. Why did you first take this (these) drug(s)?

- | | | |
|--|---|----------|
| TO TREAT MY CMV DISEASE
WHEN I FIRST GOT IT OR..... | 1 | (G04B16) |
| TO KEEP ME FROM GETTING
IT IN THE FIRST PLACE | 2 | |

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B17. (HAND CARD #7)

Since we last interviewed you on FU1DATE, which of these drugs have you taken?

CODE ALL THAT APPLY FROM SAME LIST ON CARD.

Ganciclovir (DHPG, GCV) by vein	1	(G04B1701)
Ganciclovir by mouth (Cytovene)	2	(G04B1702)
Ganciclovir eye implants	3	(G04B1703)
Foscarnet by vein	4	(G04B1704)
Cidofovir (HPMPC) by vein	5	(G04B1705)
Cidofovir (HPMPC) by injection to eye	6	(G04B1706)
Valacyclovir	7	(G04B1707)
TOOK DRUG IN A BLINDED CLINICAL TRIAL	8	(G04B1708)

IF B17 = 8, GO TO B21

IF B17 = 3 AND (B17 <> 2 AND B17 <> 1 AND B17 <> 4 AND B17 <> 5 AND B17 <> 7 AND B17 <> 8), GO TO B23

IF B17 = 6 AND (B17 <> 2 AND B17 <> 4 AND B17 <> 5 AND B17 <> 1 AND B17 <> 7 AND B17 <> 8), GO TO B23

B18. Since we last interviewed you on FU1DATE, on about how many days did you take only one of these drugs?

(INTERVIEWER: NUMBER OF DAYS SINCE FIRST FOLLOW UP = # DAYS)

ENTER NUMBER OF DAYS: , , , (G04B18)

Valid Values: 0-500

IF B17 = 1 AND (B17 <> 2 AND B17 <> 4 AND B17 <> 5 AND B17 <> 7 AND B17 <> 8), GO TO B21

IF B17 = 2 AND (B17 <> 1 AND B17 <> 4 AND B17 <> 5 AND B17 <> 7 AND B17 <> 8), GO TO B21

IF B17 = 4 AND (B17 <> 2 AND B17 <> 1 AND B17 <> 5 AND B17 <> 7 AND B17 <> 8), GO TO B21

IF B17 = 5 AND (B17 <> 2 AND B17 <> 4 AND B17 <> 1 AND B17 <> 7 AND B17 <> 8), GO TO B21

IF B17 = 7 AND (B17 <> 2 AND B17 <> 4 AND B17 <> 5 AND B17 <> 1 AND B17 <> 8), GO TO B21

IF B17 = 8 AND (B17 <> 2 AND B17 <> 4 AND B17 <> 5 AND B17 <> 7 AND B17 <> 1), GO TO B21

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4. Symptoms and Treatments

B19. Since we last interviewed you on FU1DATE, on about how many days did you take more than one anti-CMV drug?

(INTERVIEWER: NUMBER OF DAYS SINCE FIRST FOLLOW UP = # DAYS)

ENTER NUMBER OF DAYS: ,,,

(G04B19)

Valid Values: 0-500

IF B17<> 1 AND B17 = ASKED, GO TO B21

B20. Since we last interviewed you on FU1DATE, on about how many days did you take your ganciclovir (GCV) by vein?

(INTERVIEWER: NUMBER OF DAYS SINCE FIRST FOLLOW UP = # DAYS)

ENTER NUMBER OF DAYS: ,,,

(G04B20)

Valid Values: 0-500

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4. Symptoms and Treatments

B21. (HAND CARD #9 AND HAND R PICTURE BOOK OPEN TO SECTION C)

Since we last interviewed you on FU1DATE, have you taken any drugs such as these to treat or prevent an episode of PCP (Pneumocystis or AIDS pneumonia) or toxo (toxoplasmosis)?

PROBE: You can look through section C of this booklet to see if you recognize any that you have taken.

READ LIST IF NEEDED:

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)

Dapson Trimethoprim

Trimetrexate/Leucovorin Fansidar

Atovaquone (Mepron, 566) Primaquine

Clindamycin by mouth Clindamycin by vein

Sulfadiazine

YES.....1 (G04B21)
NO2

IF B21 = 1, GO TO B23

IF B21 <> 1 AND LOWEST CD4 EVER > OR EQUAL TO 200, GO TO B51

HCSUS 2nd Follow-up

4. Symptoms and Treatments

B22. PLEASE SHOW CARD #8.

There are many reason why people do not take medication to prevent PCP. Please look at this card and tell me the reasons that reflect why you are not taking PCP prophylaxis medication.
(G04B2200)

CODE ALL THAT APPLY

- | | | |
|--|---|------------|
| PHYSICIAN OR NURSE DID NOT ADVISE ME TO TAKE IT..... | 1 | (G04B2201) |
| I CAN NOT AFFORD TO PAY FOR THE MEDICATION..... | 2 | (G04B2202) |
| THE MEDICATION WAS NOT PAID FOR BY MY INSURANCE | 3 | (G04B2203) |
| THE SIDE EFFECTS | 4 | (G04B2204) |
| THE MEDICATION IS TOO COMPLICATED TO TAKE..... | 5 | (G04B2205) |
| PEOPLE TOLD ME THAT THE MEDICINE IS NO GOOD..... | 6 | (G04B2206) |
| MY T-CELL COUNT WENT UP BECAUSE OF THE HIV MEDICATION I AM TAKING..... | 7 | (G04B2207) |
| MY HIV INFECTION WAS TOO FAR ADVANCED TO TAKE THIS MEDICATION..... | 8 | (G04B2208) |

IF B22 = ASKED AND LOWEST CD4 EVER > 50, GO TO B27

IF B22 = ASKED, GO TO B51

B23. Why did you take this (these) drug(s) during the time since the last interview?

- | | | |
|--|---|------------|
| To treat an episode of Pneumonia | 1 | (G04B2301) |
| To treat an episode of Toxo | 2 | (G04B2302) |
| To keep me from getting a second bout of pneumonia orToxo | 3 | (G04B2303) |
| To keep me from getting Pneumonia or Toxo in the first place | 4 | (G04B2304) |

IF REPORTED TAKING ANTI-PCP MEDICATION AT FU1 OR BASELINE, GO TO B26

HCSUS 2nd Follow-up

4. Symptoms and Treatments

B24. What was your CD4 count when you first began taking a drug to prevent PCP (Pneumocystis pneumonia)?

ENTER CD4 COUNT 1 (G04B24)
NEVER TOOK A DRUG TO PREVENT PCP 2

IF B24 = 2, GO TO B26

B25. CD4 COUNT: , , , , (G04B25)

Valid Values: 0-2500
Soft Check: 2501-9999

HCSUS 2nd Follow-up

4. Symptoms and Treatments

B26. (HAND CARD #9)

Since we last interviewed you on FU1DATE, which of the following drugs have you taken?

(CODE ALL THAT APPLY.)

- | | | |
|---|----|------------|
| Septra or Bactrim
(TMP/SMX, Trimethoprim/Sulfamethoxazole) by vein | 1 | (G04B2601) |
| Septra or Bactrim
(TMP/SMX, Trimethoprim/Sulfamethoxazole) by mouth..... | 2 | (G04B2602) |
| Pentamidine by vein | 3 | (G04B2603) |
| Inhaled Pentamidine (AeroPent, NebuPent, PneumoPent) | 4 | (G04B2604) |
| Dapsone | 5 | (G04B2605) |
| Trimethoprim | 6 | (G04B2606) |
| Trimetrexate | 7 | (G04B2607) |
| Fansidar..... | 8 | (G04B2608) |
| Atovaquone (Mepron, 566)..... | 9 | (G04B2609) |
| Primaquine | 10 | (G04B2610) |
| Clindamycin by mouth | 11 | (G04B2611) |
| Clindamycin by vein | 12 | (G04B2612) |
| | | (G04B2613) |
| | | (G04B2614) |

HCSUS 2nd Follow-up

4. Symptoms and Treatments

B27. (HAND CARD # 10 AND HAND R PICTURE BOOKLET OPEN TO SECTION D)

Since we last interviewed you on FU1DATE, have you taken any drugs such as these to treat or prevent an episode of tuberculosis (TB) or MAC (Mycobacterium avium complex) infection?

PROBE: You can look through section D of this booklet to see if you recognize any that you have taken.

READ IF NECESSARY:

Clarithromycin (Biaxin, Klacid)

Azithromycin (Zithromax)

Ethambutol (Myambutol)

Rifabutin (Mycobutin)

Sparfloxacin

Isoniazid (INH)

Pyrazinamide (PZA)

Clofazimine (Lamprene)

Ciprofloxacin (Cipro)

Rifampin

Ethionamide (Trecator)

Rifamate (INH/Rifampin)

YES..... 1

NO 2

(G04B27)

IF B27 = 1, GO TO B29

IF B27 = 2, GO TO B28

IF B27 <> 1 AND LOWEST CD4 EVER > OR EQUAL TO 50, GO TO B28

B28. SHOWCARD #8

There are many reasons why people do not take medication to prevent MAC. Please look at this card and tell me which of these reasons that reflect why you are not taking MAC prophylaxis medication.

CODE ALL THAT APPLY

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4. Symptoms and Treatments

PHYSICIAN OR NURSE DID NOT ADVISE ME TO TAKE IT.....	1	(G04B281)
I CAN NOT AFFORD TO PAY FOR THE MEDICATION	2	(G04B282)
THE MEDICATION WAS NOT PAID FOR BY MY INSURANCE	3	(G04B283)
THE SIDE EFFECTS	4	(G04B284)
THE MEDICATION IS TOO COMPLICATED TO TAKE.....	5	(G04B285)
PEOPLE TOLD ME THAT THE MEDICINE IS NO GOOD.....	6	(G04B286)
MY T-CELL COUNT WENT UP BECAUSE OF THE HIV MEDICATIONS I AM TAKING	7	(G04B287)
MY HIV INFECTION WAS TOO FAR ADVANCED TO TAKE THIS MEDICATION	8	(G04B288)

IF B28 = ASKED, GO TO B32

B29. Which disease did you take these drugs to treat or prevent?

MAC	1	(G04B29)
TB	2	
BOTH.....	3	

HCSUS 2nd Follow-up

4. Symptoms and Treatments

B30. (HAND CARD #10)

Which of these drugs have you taken since we last interviewed you?

CODE ALL THAT APPLY

- | | | |
|---|----|------------|
| Clarithromycin (Biaxin, Klacid) | 1 | (G04B3001) |
| Azithromycin (Zithromax) | 2 | (G04B3002) |
| Clofazimine (Lamprene) | 3 | (G04B3003) |
| Ethambutol (Myambutol) | 4 | (G04B3004) |
| Ciprofloxacin (Cipro)..... | 5 | (G04B3005) |
| Rifabutin (Mycobutin) | 6 | (G04B3006) |
| Rifampin | 7 | (G04B3007) |
| Sparfloxacin..... | 8 | (G04B3008) |
| Ethionamide (Trecator)..... | 9 | (G04B3009) |
| Isoniazid (INH)..... | 10 | (G04B3010) |
| Rifamate (INH/Rifampin) | 11 | (G04B3011) |
| Pyrazinamide (PZA) | 12 | (G04B3012) |
| TOOK DRUG IN A BLINDED CLINICAL TRIAL | 13 | (G04B3013) |

IF B30 = 13, GO TO B32

B31. Since we last interviewed you on FU1DATE, on about how many days did you take any of these drugs?

(INTERVIEWER: NUMBER OF DAYS SINCE FIRST FOLLOW UP = # DAYS)

ENTER NUMBER OF DAYS: , , , (G04B31)

Valid Values: 0-500

B32. (HAND CARD # 11 AND HAND R PICTURE BOOK OPEN TO SECTION E)

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Since we last interviewed you on FU1DATE, have you taken any drugs such as these to treat or prevent an episode of thrush, candida, crypto (cryptococcus), histo (histoplasmosis), or other fungal infection?

PROBE: You can look through section E of this booklet to see if you recognize any that you have taken.

READ IF NECESSARY:

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

YES.....	1	(G04B32)
NO	2	

IF B32 = 1, GO TO B34

IF B32 <> 1 AND LOWEST CD4 EVER < OR EQUAL TO 50, GO TO B33, ELSE GO TO B36

B33. PLEASE SHOW CARD #8.

There are many reasons why people do not take medication to prevent fungal infections. Please look at this card and tell me the reasons that reflect why you are not taking fungal prophylaxis medication.

CODE ALL THAT APPLY

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PHYSICIAN OR NURSE DID NOT ADVISE ME TO TAKE IT.....	1	(G04B3301)
I CAN NOT AFFORD TO PAY FOR THE MEDICATION	2	(G04B3302)
THE MEDICATION WAS NOT PAID FOR BY MY INSURANCE	3	(G04B3303)
THE SIDE EFFECTS	4	(G04B3304)
THE MEDICATION IS TOO COMPLICATED TO TAKE.....	5	(G04B3305)
PEOPLE TOLD ME THAT THE MEDICINE IS NO GOOD.....	6	(G04B3306)
MY T-CELL COUNT WENT UP BECAUSE OF THE HIV MEDICATIONS I AM TAKING	7	(G04B3307)
MY HIV INFECTION WAS TOO FAR ADVANCED TO TAKE THIS MEDICATION	8	(G04B3308)

IF B33 = ASKED, GO TO B36

B34. (HAND CARD #11)

Since we last interviewed you on FU1DATE, which of the following drugs have you taken?
CODE ALL THAT APPLY

Amphotericin (Fungazole, Ampho B) by vein.....	1	(G04B3401)
Fluconazole (Diflucan) by mouth.....	2	(G04B3402)
Fluconazole (Diflucan) by vein	3	(G04B3403)
Itraconazole (Sporanox) by mouth	4	(G04B3404)
Flucytosine (5FC, Ancobon).....	5	(G04B3405)
Clotrimazole (Mycelex).....	6	(G04B3406)
TOOK DRUG IN A BLINDED CLINICAL TRIAL	7	(G04B3407)

IF B34 = 7, GO TO B36

B35. Since we last interviewed you on FU1DATE, on about how many days did you take any of these drugs?

INTERVIEWER: NUMBER OF DAYS SINCE FIRST FOLLOW UP = # DAYS)

ENTER NUMBER OF DAYS: , , , (G04B35)

Valid Values: 0-500

HCSUS 2nd Follow-up

4. Symptoms and Treatments

B36. (HAND CARD #12)

Since we last interviewed you on FU1DATE, did you take any anti-herpes drugs such as those listed on this card to treat your HIV infection or to prevent cold sores, genital herpes, or shingles?

READ IF NEEDED:

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

YES.....	1	(G04B36)
NO	2	

IF B36 <> 1 AND B36 = ASKED, GO TO B38

B37. Since we last interviewed you on FU1DATE, on about how many days did you take any of these drugs?

(INTERVIEWER: NUMBER OF DAYS SINCE FIRST FOLLOW UP =# DAYS)

ENTER NUMBER OF DAYS: ,,, (G04B37)

Valid Values: 0-500

HCSUS 2nd Follow-up

4. Symptoms and Treatments

B38. (HAND CARD #13)

Since we last interviewed you on FU1DATE, have you taken any drugs or treatments to boost your immune system or raise your blood counts such as those listed on this card?

READ IF NEEDED:

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

YES.....	1	(G04B38)
NO	2	

IF B38 <> 1 AND B38 = ASKED, GO TO B43

B39. (HAND CARD #13)

Since we last interviewed you on FU1DATE, which of the following drugs have you taken?

CODE ALL THAT APPLY

Epogen (Erythropoietin, EPO) injections.....	1	(G04B3901)
Neupogen (GCSF) injections	2	(G04B3902)
Interferon A injections.....	3	(G04B3903)
GM-CSF (sargramostim, Leukine, Prokine) injections.....	4	(G04B3904)
Immune Globulin (IVIG) by vein	5	(G04B3905)

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4. Symptoms and Treatments

B43. (HAND CARD #14)

Since we last interviewed you on FU1DATE, which of the following drugs or treatments have you taken?

CODE ALL THAT APPLY

- | | | |
|---|---|------------|
| Megace (megestrol acetate)..... | 1 | (G04B4301) |
| Marinol (dronabinol) | 2 | (G04B4302) |
| Testosterone (injection, patch or other anabolic steroid) | 3 | (G04B4303) |
| Growth Hormone (Serostim, HGH) | 4 | (G04B4304) |
| Oral liquid food supplements (Ensure, or others) | 5 | (G04B4305) |
| Parenteral nutrition (TPN, PPN, feeding by vein or central line)..... | 6 | (G04B4306) |
| Thalidomide (Synovir) | 7 | (G04B4307) |

IF B43 = 5 AND B43 <> 1 THROUGH 4 AND B43<> 6 THROUGH 7, GO TO B46
 IF B43 <> 6 AND B43 = ASKED, GO TO B45

B44. Since we last interviewed you on FU1DATE, on about how many days did you receive parenteral nutrition or food by vein?

(INTERVIEWER: NUMBER OF DAYS SINCE FIRST FOLLOW UP = # DAYS)

ENTER NUMBER OF DAYS: ,,, (G04B44)

Valid Values: 0-500

B45. Forgetting about food by vein or nutritional supplements by mouth for the moment, on about how many days since we last interviewed you did you take any of the other drugs that you mentioned?

(INTERVIEWER: NUMBER OF DAYS SINCE FIRST FOLLOW UP = # DAYS)

ENTER NUMBER OF DAYS: ,,, (G04B45)

Valid Values: 0-500

HCSUS 2nd Follow-up

4. Symptoms and Treatments

B46. Since we last interviewed you on FU1DATE, have you taken any treatment for KS, lymphoma, or other cancer?

YES..... 1 (G04B46)
NO 2

IF B46 <> 1 AND B46 = ASKED, GO TO B50

B47. Did you have:

Chemotherapy?

YES..... 1 (G04B47)
NO 2

B48. Radiation?

YES..... 1 (G04B48)
NO 2

B49. Some other kind of treatment?

YES..... 1 (G04B49)
NO 2

B50. Since we last interviewed you on FU1DATE, have you regularly taken any drugs for depression, anxiety, or emotional problems?

YES..... 1 (G04B50)
NO 2

IF B50 <> 1 AND B50 = ASKED, GO TO B53

HCSUS 2nd Follow-up

4. Symptoms and Treatments

B51. (HAND CARD #15)
Is it one of the drugs on this card?

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

YES..... 1 (G04B51)
NO 2

IF B51 <> 1 AND B51 = ASKED, GO TO B53

B52. Since we last interviewed you on FU1DATE, on about how many days did you take any of these drugs?

(INTERVIEWER: NUMBER OF DAYS SINCE FIRST FOLLOW UP = # DAYS)

ENTER NUMBER OF DAYS: , , , (G04B52)

Valid Values: 0-500

B53. Since we last interviewed you on FU1DATE, have you taken any prescription drugs for pain?

YES..... 1 (G04B53)
NO 2