

SPANISH VERSION

WOMEN'S INTERAGENCY HIV STUDY

F29a: DRUG USAGE ASSESSMENT FOR BLOOD DRAW

PROMPT: THIS FORM IS TO BE COMPLETED BY THE PHLEBOTOMIST IMMEDIATELY PRECEDING THE PARTICIPANT'S BLOOD DRAW. IF PARTICIPANT IS HIV-NEGATIVE, FORM DOES NOT NEED TO BE COMPLETED.

PARTICIPANT ID: [ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]

WIHS STUDY VISIT: [ ] [ ]

FORM VERSION: 1 0 / 0 1 / 0 9

FORM COMPLETED BY: [ ] [ ] [ ] [ ] DATE COMPLETED: [ ] [ ] [ ] / [ ] [ ] [ ] / [ ] [ ] [ ]

HAND PARTICIPANT ANTIRETROVIRAL PHOTO MEDICATION CARDS. GO THROUGH CARDS WITH PARTICIPANT, SAYING THE NAME OF EACH DRUG ALOUD AND ASKING HER TO TELL YOU "YES" OR "NO" WHETHER SHE HAS TAKEN THIS DRUG IN THE PAST THREE DAYS.

CHECK BELOW NEXT TO EACH DRUG THE PARTICIPANT REPORTS HAVING TAKEN. FOR DRUGS NOT LISTED, CHECK "OTHER ANTI-VIRAL," RECORD NAME AS STATED BY PARTICIPANT AND FILL IN CORRESPONDING 3-DIGIT DRUG CODE FROM DRUG LIST 1.

1a. Ahora le preguntaré sobre cualquier medicamento para combatir el VIH/SIDA que haya tomado en los últimos tres días. Además de las medicinas recetadas, diga otros medicamentos que haya tomado como parte de un estudio, incluyendo estudios en los que no sabe si recibió el medicamento. En los últimos tres días, ha tomado usted...

Combination Medications

- 262 \_\_\_ Atripla (Sustiva + Viread + Emtriva)
227 \_\_\_ Combivir (AZT + 3TC)
254 \_\_\_ Epzicom (Ziagen + Efavirenz)
240 \_\_\_ Trizivir (abacavir + AZT + 3TC)
253 \_\_\_ Truvada (Viread + Emtriva)
280 \_\_\_ Complera (FTC + RPV + TDF)
287 \_\_\_ Stribild (FTC + Viread + EVG + cobicistat)
293 \_\_\_ Triumeq (DTG + ABC + 3TC)
295 \_\_\_ Prezcoibix (DRV + cobicistat)
296 \_\_\_ Evotaz (ATZ + cobicistat)
290 \_\_\_ Genvoya (EVG + COBI + FTC + TAF)
306 \_\_\_ Odefsey (FTC + RPV + TAF)
308 \_\_\_ Descovy (FTC + TAF)

Entry Inhibitors

- 233 \_\_\_ Fuzeon (T-20, enfuvirtide)
265 \_\_\_ Selzentry (maraviroc)

Nucleoside/Nucleotide RTIs

- 239 \_\_\_ Emtriva (emtricitabine, FTC)
204 \_\_\_ Efavirenz (lamivudine, 3-TC)
092 \_\_\_ Zidovudine (AZT, zidovudine, ZDV)
147 \_\_\_ Videx / Videx EC (didanosine, ddI)
234 \_\_\_ Tenofovir (tenofovir)
159 \_\_\_ Stavudine (stavudine, d4T)
218 \_\_\_ Ziagen (abacavir)

Non-Nucleoside RTIs

- 255 \_\_\_ Intelence (etravirine, TMC 125)
194 \_\_\_ Delavirdine (delavirdine)
220 \_\_\_ Efavirenz (efavirenz)
191 \_\_\_ Nevirapine (nevirapine)
276 \_\_\_ Edurant (rilpivirine, TMC 278)

Protease Inhibitors

- 238 \_\_\_ Tipranavir (tipranavir)
212 \_\_\_ Indinavir (indinavir)
210 \_\_\_ Saquinavir (saquinavir)
217 \_\_\_ Kaletra (lopinavir + ritonavir)
249 \_\_\_ Fosamprenavir (fosamprenavir)
211 \_\_\_ Ritonavir (ritonavir)
256 \_\_\_ Darunavir (TMC-114, darunavir)
243 \_\_\_ Atazanavir (atazanavir)
216 \_\_\_ Nelfinavir (nelfinavir)

Integrase Inhibitors

- 264 \_\_\_ Raltegravir (raltegravir)
286 \_\_\_ Dolutegravir (dolutegravir)
284 \_\_\_ Elvitegravir (elvitegravir)

Other

- 207 \_\_\_ Hydroxyurea (hydroxyurea)
\_\_\_ Other anti-viral(s) (from Drug List 1)

WIHS ID#

Specify name of "other" antiviral: → Drug Code: |\_|\_|\_|\_|  
 Specify name of "other" antiviral: → Drug Code: |\_|\_|\_|\_|

- b. Participant is taking NO antiviral medications.  
 YES .....1 (END FORM)  
 NO .....2

c. ENTER THE TOTAL NUMBER OF ANTIRETROVIRAL MEDICATIONS  
 THE PARTICIPANT REPORTED TAKING IN QUESTION 1a. |\_|\_|

**2. FOR EACH MEDICATION LISTED IN QUESTION 1a, ASK PARTICIPANT THE DATE AND TIME SHE LAST TOOK THAT MEDICATION AND COMPLETE COLUMNS A, B, C and D BELOW.**

**START F29As2**

	A. Drug Code	SPECIFY Other Antiretroviral (Only if drug code = 998 or 999)	B. Fecha de la última vez que la tomó	C. Hora de la última vez que la tomó	D. AM/PM Indicator
i.	_ _ _		_ _ / _ _ / _ _	_ _ : _ _	AM..... 1 PM..... 2
ii.	_ _ _		_ _ / _ _ / _ _	_ _ : _ _	AM..... 1 PM..... 2
iii.	_ _ _		_ _ / _ _ / _ _	_ _ : _ _	AM..... 1 PM..... 2
iv.	_ _ _		_ _ / _ _ / _ _	_ _ : _ _	AM..... 1 PM..... 2
v.	_ _ _		_ _ / _ _ / _ _	_ _ : _ _	AM..... 1 PM..... 2
vi.	_ _ _		_ _ / _ _ / _ _	_ _ : _ _	AM..... 1 PM..... 2
vii.	_ _ _		_ _ / _ _ / _ _	_ _ : _ _	AM..... 1 PM..... 2
viii.	_ _ _		_ _ / _ _ / _ _	_ _ : _ _	AM..... 1 PM..... 2
ix.	_ _ _		_ _ / _ _ / _ _	_ _ : _ _	AM..... 1 PM..... 2
x.	_ _ _		_ _ / _ _ / _ _	_ _ : _ _	AM..... 1 PM..... 2

**END F29As2**

**PROMPT: PROCEED WITH PARTICIPANT'S BLOOD DRAW.**