WOMEN'S INTERAGENCY HIV STUDY DRUG FORM 1 – ANTIRETROVIRAL MEDICATION USE

COMPLETE THIS FORM FOR EACH ANTIRETROVIRAL THE PARTICIPANT REPORTS SHE HAS TAKEN IN THE PAST THREE DAYS ON THE ANTIRETROVIRAL DOSAGE FORM. DO NOT COMPLETE DRUG FORM 1 FOR ANY ANTIRETROVIRAL THE PARTICIPANT HAS TAKEN SINCE HER LAST STUDY VISIT BUT HAS NOT TAKEN IN THE PAST THREE DAYS.

PARTICIPANT ID:	- -
WIHS STUDY VISIT #:	
FORM VERSION:	0/01/13
FORM COMPLETED BY:	
DATE COMPLETED:	
PROMPT: SELECT THE SPECIFIC ANTIRE CAPTURED ON THIS FORM.	ETROVIRAL FOR WHICH INFORMATION WILL BE
Combination Medications	Non-Nucleoside RTIs
262 Atripla (Sustiva + Viread + Emtriva)	255 Intelence (etravirine, TMC 125)
227 Combivir (AZT + 3TC)	194 Rescriptor (delavirdine)
254 _ Epzicom (Ziagen + Epivir)	220 Sustiva (efavirenz)
240 Trizivir (abacavir + AZT + 3TC)	191 Viramune (nevirapine)
253 Truvada (Viread + Emtriva)	276 Edurant (rilpivirine)
280 Complera (FTC + RPV + TDF)	
287 Stribild (FTC + Viread + EVG + cobic	istat)
	Protease Inhibitors
Entry Inhibitors	238 Aptivus (tipranavir)
Fuzeon (T-20, enfuvirtide)	212 Crixivan (indinavir)
265 Selzentry (maraviroc)	210 Invirase (saquinavir)
	217 Kaletra (lopinavir + ritonavir)
Nucleoside/Nucleotide RTIs	249 Lexiva (fosamprenavir)
Emtriva (emtricitabine, FTC)	211 Norvir (ritonavir)
204 _ Epivir (lamivudine, 3-TC)	256 Prezista (TMC-114, darunavir)
092 Retrovir (AZT, zidovudine, ZDV)	243 Reyataz (atazanavir)
147 Videx / Videx EC (didanosine, ddI)	216 Viracept (nelfinavir)
234 Viread (tenofovir)	
259 Zerit (stavudine, d4T)	<u>Other</u>
218 Ziagen (abacavir)	207 Droxia or Hydrea (hydroxyurea) Other anti-viral(s) (from Drug List 1)
Integrase Inhibitors	
264 Isentress (raltegravir, MK 0518)	
286 Tivicay (dolutegravir)	
_	
Specify name of "other" antiviral:	
	→ Drug Code:

WIHSI	D	
PRO	MPT	: INTERVIEWER, PLEASE RECORD HERE HOW USE OF THIS MEDICATION WAS REPORTED.
	PA PA PA RE	LF-REPORT
PR	OMP	T: INTERVIEWER READ TO PARTICIPANT IF NECESSARY: "A medication you have taken "in the past 3 days" includes one you have taken at least one time today, yesterday, or the day before yesterday."
1.	a.	You said that you have taken (DRUG) in the past three days. Is this either a new medication you have started using since your (MONTH) study visit, or a medication that you had stopped using for some time, but started again since your (MONTH) study visit? YES
		NO
	b.	What was the date you began taking (DRUG)? I just need the month and year. If this is a medication that you are re-using, please give me the most recent date that you began taking or re-using this medication. _/ MONTH YEAR
2.	a.	Since your (MONTH) study visit, how did you get access to (DRUG)? CIRCLE ONE ANSWER.
		Regular prescription1 (Question 7)Compassionate use program2 (Question 7)Research study3
	b.	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

PROMPT: IF THIS IS THE FIRST DRUG FORM 1 YOU ARE COMPLETING FOR THIS PARTICIPANT AT THIS VISIT, READ INTRODUCTION 1. OTHERWISE, READ INTRODUCTION 2.

INTRODUCTION 1: This section of the questionnaire asks about how you have taken (DRUG) in the past three days. Many people find it hard to always remember their pills. I need to understand how people with HIV are really doing with their medication doses. Please tell me what you are **actually** doing. Don't worry about telling me that you don't take all your doses. I need to know what is really happening, not what you think I want to hear.

WIHSID			

INTRODUCTION 2: Now I'm going to ask you about how you have taken (DRUG) in the past three days.

7. SHOW PARTICIPANT RESPONSE CARD E4.

Please indicate on the response card the point showing your best guess about how much (DRUG) you have taken in the **past 3 days**. **CIRCLE ONE ANSWER.**

0 – 5 % 1	51 – 55 % 11
6 – 10 % 2	56 – 60 % 12
11 – 15 % 3	61 – 65 % 13
16 – 20 % 4	66 – 70 % 14
21 – 25 % 5	71 – 75 % 15
26 – 30 % 6	76 – 80 % 16
31 – 35 % 7	81 – 85 % 17
36 – 40 % 8	86 – 90 % 18
41 – 45 % 9	91 – 95 % 19
46 – 50 % 10	96 – 100 %20

9. SHOW PARTICIPANT RESPONSE CARD E4.

Please indicate on the response card the point showing your best guess about how much (DRUG) you have taken in the **past month**. **CIRCLE ONE ANSWER.**

0 – 5 % 1	51 – 55 %11
6 – 10 % 2	56 – 60 % 12
11 – 15 % 3	61 – 65 % 13
16 – 20 % 4	66 – 70 % 14
21 – 25 % 5	71 – 75 % 15
26 – 30 % 6	76 – 80 %
31 – 35 % 7	81 – 85 % 17
36 – 40 % 8	86 – 90 % 18
41 – 45 % 9	91 – 95 % 19
46 – 50 % 1	0 96 – 100 %20

10. SHOW PARTICIPANT RESPONSE CARD E5.

When was the last time you missed a dose of (DRUG)? CIRCLE ONE ANSWER.

1
2
3
4
5
6
7

PROMPT: AFTER A DRUG FORM 1 HAS BEEN COMPLETED FOR EACH ANTIRETROVIRAL MEDICATION THE PARTICIPANT REPORTS SHE HAS TAKEN <u>IN THE PAST 3 DAYS</u>, GO BACK AND COMPLETE F22MED.