

**WOMEN'S INTERAGENCY HIV STUDY**  
**QUESTION BY QUESTION SPECIFICATIONS**  
**ANTIRETROVIRAL DOSAGE FORM**

The Prompt at the bottom of page 1 of the form is given in both English and Spanish to facilitate administration of the form to Spanish-speaking participants. As this is the only portion of the form that needs translation, there is no separate Spanish version of the form. The Prompt should be read to the participant before administration of the form in the appropriate language.

B1. Place a check mark next to each antiretroviral medication the participant has taken at least once since her (MONTH) study visit (from F22MED, question B2a). Leave blank any antiretrovirals she has not taken at all since her (MONTH) study visit. For each antiretroviral medication checked, ask subquestions a through e, as appropriate.

a. Ask the participant if she has taken the antiretroviral in the **past three days**.

**NOTE:** Use in the past three days refers to any antiretroviral the participant has taken at least once today, yesterday, or the day before yesterday.

If **YES**, i.e., the participant has taken the medication in the **past three days**, circle “1.” Proceed to subquestion b.

If **NO**, i.e., the participant has taken the medication since her (MONTH) study visit but **has not taken it in the past three days**, circle “2.” Skip to subquestion e.

- b. Record the total number of doses taken per day by the participant. Do not complete subquestion b for antiretroviral medications the participant has not taken in the past three days.
- c. Record the total number of tablets or capsules or mL taken with each dose. Do not complete subquestion c for antiretroviral medications the participant has not taken in the past three days.
- d. Some pills have different formulations (tablets or capsules or liquid forms). Indicate the actual medication dose, size and form taken (e.g., 300 mg tablet or 10 mg/ml liquid). Do not complete subquestion d for antiretroviral medications the participant has not taken in the past three days.

**NOTE:** If the participant does not take a medication every day (e.g., takes it only every other day, or once per week), enter code “99” (for “other”) in subquestion d. Then enter the actual dosing schedule (e.g., “300 mg per week”) in the SPECIFY field. Subquestions b and c should be coded as “-9.”

Example 1: A participant takes one 300 mg tablet of Viread per week. In subquestion b (doses/day), enter “-9.” In subquestion c (pills/dose), enter “-9.” In subquestion d (formulation of drug), enter “99,” with “300mg per week” in the SPECIFY field.

Example 2: A participant takes ½ 600 mg tablet of Sustiva every other day. In subquestion b, enter “-9.” In subquestion c, enter “-9.” In subquestion d, enter “99,” with “300 mg every other day” in the SPECIFY field.

- e. If the participant has taken the antiretroviral since her (MONTH) study visit but has not taken it in the past three days, record the month and year when she stopped taking the medication. If the participant cannot remember the exact month she stopped taking the medication, probe for the season and assign month as follows:

Summer = July = 07  
Fall = October = 10  
Winter = January = 01  
Spring = April = 04

Interviewers should have available an appropriate calendar to aid the participant in determining dates.

**NOTE:** Do NOT complete dosing information for antiretrovirals the participant has not taken in the past three days.

Repeat subquestions a through e, as appropriate, for each antiretroviral checked.

**Other Antiretrovirals:**

If the participant reports use of an antiretroviral medication not listed by name on the **Antiretroviral Dosage Form**, mark one of the boxes in the “*Other antiretrovirals*” section at the end of the form and print the name of the drug in the specify box. Refer to the current **Drug List 1** to obtain codes for drugs not listed on the **Antiretroviral Dosage Form** and enter the code from **Drug List 1**. If the drug is not on **Drug List 1**, record code “998,” for “other antiretroviral.” Bring this to the attention of the clinic coordinator/director. Notify WDMAC of any frequently used medications that do not have unique codes.

If the participant reports use of an antiretroviral medication, but does not know or cannot remember the name of the medication, mark one of the boxes in the “*Other antiretrovirals*” section and print “unknown” in the specify box. Enter “999” in the space provided for the three-digit drug code. If the participant reports more than one unknown antiretroviral medication, please list them as “unknown1,” “unknown2,” etc., for tracking purposes.

For “other” or “unknown” antiretrovirals, subquestions a, b, c and e will be completed as noted above.

For subquestion d (formulation of drug), circle code “99” to indicate “other,” and specify the dose (e.g., 300, 200, etc.), size (e.g., mg, mg/5ml, etc.), and form (e.g., tablet, liquid, etc.) in the space provided.

- B2. Enter the number of boxes checked in question B1, i.e., the number of antiretroviral medications the participant reported taking since her (MONTH) study visit.

**PROMPT: COMPLETE A DRUG FORM 1 FOR EVERY ANTIRETROVIRAL MEDICATION THE PARTICIPANT HAS TAKEN IN THE PAST THREE DAYS, I.E., FOR EVERY MEDICATION WITH RESPONSE IN COLUMN a = 1.**