

WOMENS INTERAGENCY HIV STUDY
ANTIRETROVIRAL DOSAGE FORM

SECTION A. GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE
ONLY IF ID LABEL IS NOT AVAILABLE - - -

A2. VISIT #: -

A3. VERSION DATE: **10 / 02 / 05**

A4. DATE OF INTERVIEW:
 M / D / Y

A5. INTERVIEWER'S INITIALS: - -

A6. TIME MODULE STARTED:
 : AM 1
PM 2

SECTION B. DOSAGE INFORMATION

1) In question 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.

2) For each antiretroviral medication checked, ask the participant if she has taken [DRUG] in the past three days.

If YES, i.e., the participant has taken this medication in the past three days:

- Circle “1” to indicate use in the past three days in column “a.”
- Record the total number of doses taken per day in column “b.”
- Record the total number of tablets or capsules or mL taken per dose in column “c.”
- Some pills have different formulations (tablets or capsules or liquid forms). Indicate the actual medication form/dose taken in column “d.”
- Skip to next checked medication on list.

If NO, i.e., the participant has taken the medication since her last study visit but has not taken the medication in the past three days:

- Circle “2” to indicate no use in the past three days in column “a.”
- Skip to column “e.” Record the month and year when she stopped taking the medication in column “e.”
- Do NOT complete dosing information (columns b, c and d) for antiretrovirals the participant has not taken in the past three days.
- Skip to next checked medication on list.

3) In question B2, enter the number of boxes checked in question B1.

PROMPT: INTERVIEWER READ TO THE PARTICIPANT:

ENGLISH: “A medication you have taken in the past three days includes any you have taken at least one time today, yesterday or the day before yesterday.”

SPANISH: “Un medicamento que ha tomado en los últimos 3 días es un medicamento que haya tomado al menos una vez hoy, ayer o antes de ayer.”

PROMPT: 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.” SEE QxQS FOR DETAILED EXAMPLES.

START DSGs1

| B1. | Code | Drug Name | a. Past 3 days | b. # doses / day | c. # pills (or mL) / dose | d. Formulation of drug | e. Stop date |
|---|------|--|--|------------------|----------------------------|--|------------------|
| Combination Medications | | | | | | | |
| <input type="checkbox"/> | 262 | Atripla (Sustiva + Viread + Emtriva) | YES .. 1 (b,c,d) NO 2 (e) | □□ doses / day | □□ tablets per dose | 600 mg efavirenz/ 200 mg emtricitabine/ 300 mg tenofovir tablet 41 | □□ / M M Y Y Y Y |
| <input type="checkbox"/> | 227 | Combivir (AZT + 3TC) | YES .. 1 (b,c,d) NO 2 (e) | □□ doses / day | □□ tablets per dose | 300mg AZT / 150mg 3TC tablet 37 | □□ / M M Y Y Y Y |
| <input type="checkbox"/> | 254 | Epzicom (3TC + abacavir) | YES .. 1 (b,c,d) NO 2 (e) | □□ doses / day | □□ tablets per dose | 300mg lamividune/600mg abacavir tablet..... 35 | □□ / M M Y Y Y Y |
| <input type="checkbox"/> | 240 | Trizivir (abacavir + AZT + 3TC) | YES .. 1 (b,c,d) NO 2 (e) | □□ doses / day | □□ tablets per dose | 300mg abacavir/300mg AZT/ 150mg 3TC tablet 36 | □□ / M M Y Y Y Y |
| <input type="checkbox"/> | 253 | Truvada (tenofovir + FTC) | YES .. 1 (b,c,d) NO 2 (e) | □□ doses / day | □□ tablets per dose | 300mg tenofovir/200mg FTC tablet..... 38 | □□ / M M Y Y Y Y |
| <input type="checkbox"/> | 280 | Complera (FTC + RPV + TDF) | YES .. 1 (b,c,d) NO 2 (e) | □□ doses / day | □□ tablets per dose | 200mg FTC/25mg RPV/300mg TDF tablet..... 50 | □□ / M M Y Y Y Y |
| <input type="checkbox"/> | 287 | Stribild (FTC + Viread + EVG + cobicistat) | YES .. 1 (b,c,d) NO 2 (e) | □□ doses / day | □□ tablets per dose | 200mg FTC/300mg Viread/150mg EVG/150 mg cobicistat tablet.. 52 | □□ / M M Y Y Y Y |
| Entry Inhibitors | | | | | | | |
| <input type="checkbox"/> | 233 | Fuzeon (T-20, enfuvirtide) | YES .. 1 (b,c,d) NO 2 (e) | □□ doses / day | □□ mL per dose | 90mg/ml..... 15 | □□ / M M Y Y Y Y |
| <input type="checkbox"/> | 265 | Selzentry (maraviroc) | YES .. 1 (b,c,d) NO 2 (e) | □□ doses / day | □□ tablets per dose | 300 mg tablet 27 150 mg tablet 20 | □□ / M M Y Y Y Y |
| Nucleoside / Nucleotide RTIs (NRTIs) | | | | | | | |
| <input type="checkbox"/> | 239 | Emtriva (emtricitabine, FTC) | YES .. 1 (b,c,d) NO 2 (e) | □□ doses / day | □□ capsules or mL per dose | 200mg capsule 21 Liquid form (10 mg/mL) 4 | □□ / M M Y Y Y Y |
| <input type="checkbox"/> | 204 | Epivir (3TC, lamivudine) | YES .. 1 (b,c,d) NO 2 (e) | □□ doses / day | □□ tablets or mL per dose | 300 mg tablet 27 150 mg tablet 20 Liquid form (10 mg/mL) 4 | □□ / M M Y Y Y Y |

| B1. | Code | Drug Name | a. Past 3 days | b. # doses / day | c. # pills (or mL) / dose | d. Formulation of drug | e. Stop date |
|-------------------------------------|------|-------------------------------------|--|--------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> | 092 | Retrovir (AZT, ZDV, zidovudine) | YES .. 1 (b,c,d) NO 2 (e) | <u> </u> doses / day | <u> </u> tablets or capsules or mL per dose | 300 mg tablet 27 100 mg capsule 16 Liquid form (50 mg/5 mL) 13 | <u> </u> / <u> </u> M M Y Y Y Y |
| <input type="checkbox"/> | 147 | Videx or Videx EC (didanosine, ddI) | YES .. 1 (b,c,d) NO 2 (e) | <u> </u> doses / day | <u> </u> capsules or tablets or mL per dose | 400 mg capsule 29 250 mg capsule 25 200 mg capsule 21 125 mg capsule 18 200 mg tablet 24 150 mg tablet 20 100 mg tablet 17 50 mg tablet 12 25 mg tablet 8 Liquid form (20 mg/mL) 7 Liquid form (10 mg/mL) 4 | <u> </u> / <u> </u> M M Y Y Y Y |
| <input type="checkbox"/> | 234 | Viread (tenofovir) | YES .. 1 (b,c,d) NO 2 (e) | <u> </u> doses / day | <u> </u> tablets or g per dose | 150mg tablet 20 200mg tablet 24 250mg tablet 26 300mg tablet 27 Oral powder (40 mg/g) 51 | <u> </u> / <u> </u> M M Y Y Y Y |
| <input type="checkbox"/> | 159 | Zerit (d4T, stavudine) | YES .. 1 (b,c,d) NO 2 (e) | <u> </u> doses / day | <u> </u> capsules or mL per dose | 40 mg capsule 10 30 mg capsule 9 20 mg capsule 6 15 mg capsule 5 Liquid form (1 mg/mL) 3 | <u> </u> / <u> </u> M M Y Y Y Y |
| <input type="checkbox"/> | 218 | Ziagen (abacavir, ABC) | YES .. 1 (b,c,d) NO 2 (e) | <u> </u> doses / day | <u> </u> tablets or mL per dose | 300 mg tablet 27 Liquid form (20 mg/mL) 7 | <u> </u> / <u> </u> M M Y Y Y Y |
| Integrase Inhibitors | | | | | | | |
| <input type="checkbox"/> | 264 | Isentress (raltegravir, MK 0518) | YES .. 1 (b,c,d) NO 2 (e) | <u> </u> doses / day | <u> </u> tablets per dose | 25mg tablet 8 100mg tablet 17 400 mg tablet 43 | <u> </u> / <u> </u> M M Y Y Y Y |
| <input type="checkbox"/> | 286 | Tivicay (dolutegravir) | YES .. 1 (b,c,d) NO 2 (e) | <u> </u> doses / day | <u> </u> tablets per dose | 50mg tablet 12 | <u> </u> / <u> </u> M M Y Y Y Y |
| Non-nucleoside RTIs (NNRTIs) | | | | | | | |
| <input type="checkbox"/> | 194 | Rescriptor (delavirdine) | YES .. 1 (b,c,d) NO 2 (e) | <u> </u> doses / day | <u> </u> tablets per dose | 200 mg tablet 24 100 mg tablet 17 | <u> </u> / <u> </u> M M Y Y Y Y |

| B1. | Code | Drug Name | a. Past 3 days | b. # doses / day | c. # pills (or mL) / dose | d. Formulation of drug | e. Stop date |
|----------------------------------|------|---------------------------------|---|-------------------|--|--|------------------------------|
| <input type="checkbox"/> | 220 | Sustiva (efavirenz) | YES .. 1 (b,c,d) NO 2 (e) | _____ doses / day | _____ tablets or capsules per dose | 600 mg tablet 31 200 mg capsule 21 50 mg capsule 11 | _____ / _____ M M Y Y Y Y |
| <input type="checkbox"/> | 191 | Viramune (nevirapine) | YES .. 1 (b,c,d) NO 2 (e) | _____ doses / day | _____ tablets or mL per dose | 200 mg tablet 24 400 mg tablet (XR form) 43 Liquid form (50 mg/5 mL) 13 | _____ / _____ M M Y Y Y Y |
| <input type="checkbox"/> | 255 | Intelence (etravirine, TMC 125) | YES .. 1 (b,c,d) NO 2 (e) | _____ doses / day | _____ tablets per dose | 25 mg tablet 8 100 mg tablet 17 200 mg tablet 24 | _____ / _____ M M Y Y Y Y |
| <input type="checkbox"/> | 276 | Edurant (rilpivirine, TMC 278) | YES .. 1 (b,c,d) NO 2 (e) | _____ doses / day | _____ tablets per dose | 25 mg tablet 8 | _____ / _____ M M Y Y Y Y |
| Protease Inhibitors (PIs) | | | | | | | |
| <input type="checkbox"/> | 238 | Aptivus (tipranavir) | YES .. 1 (b,c,d) NO 2 (e) | _____ doses / day | _____ capsules or mL per dose | 250mg capsule 25 Liquid form (100 mg/mL) 45 | _____ / _____ M M Y Y Y Y |
| <input type="checkbox"/> | 212 | Crixivan (indinavir) | YES .. 1 (b,c,d) NO 2 (e) | _____ doses / day | _____ capsules per dose | 400 mg capsule 29 200 mg capsule 21 100 mg capsule 16 | _____ / _____ M M Y Y Y Y |
| <input type="checkbox"/> | 210 | Invirase (saquinavir) | YES .. 1 (b,c,d) NO 2 (e) | _____ doses / day | _____ capsules or tablets per dose | 200 mg Invirase capsule 23 500 mg Invirase tablet 30 | _____ / _____ M M Y Y Y Y |
| <input type="checkbox"/> | 217 | Kaletra (lopinavir + ritonavir) | YES .. 1 (b,c,d) NO 2 (e) | _____ doses / day | _____ tablets or mL per dose | Tablet form (200mg lopinavir/50mg ritonavir).... 40 (100mg lopinavir/25mg ritonavir).... 46 Liquid form 39 (80mg/ml lopinavir / 20mg/ml ritonavir) | _____ / _____ M M Y Y Y Y |
| <input type="checkbox"/> | 249 | Lexiva (fosamprenavir) | YES .. 1 (b,c,d) NO 2 (e) | _____ doses / day | _____ tablets or mL per dose | 700 mg tablet 48 Liquid form (50 mg/mL) 47 | _____ / _____ M M Y Y Y Y |
| <input type="checkbox"/> | 211 | Norvir (ritonavir) | YES .. 1 (b,c,d) NO 2 (e) | _____ doses / day | _____ capsules or tablets or mL per dose | 100 mg capsule 16 100 mg tablet 17 Liquid form (80 mg/mL) 14 | _____ / _____ M M Y Y Y Y |

| B1. | Code | Drug Name | a. Past 3 days | b. # doses / day | c. # pills (or mL) / dose | d. Formulation of drug | e. Stop date |
|--------------------------|------|-------------------------------|--|---------------------------------------|---|---|--|
| <input type="checkbox"/> | 256 | Prezista (TMC-114, darunavir) | YES .. 1 (b,c,d) NO 2 (e) | <u> </u> <u> </u> doses / day | <u> </u> <u> </u> tablets or mL per dose | 75 mg tablet 44 150 mg tablet 20 300 mg tablet 27 400 mg tablet 43 600 mg tablet 31 800 mg tablet 53 Liquid form (100 mg/mL) 45 | <u> </u> / <u> </u> M M / Y Y Y Y |
| <input type="checkbox"/> | 243 | Reyataz (atazanavir) | YES .. 1 (b,c,d) NO 2 (e) | <u> </u> <u> </u> doses / day | <u> </u> <u> </u> capsules per dose | 300 mg capsule 42 200 mg capsule 21 150 mg capsule 19 100 mg capsule 16 | <u> </u> / <u> </u> M M / Y Y Y Y |
| <input type="checkbox"/> | 216 | Viracept (nelfinavir) | YES .. 1 (b,c,d) NO 2 (e) | <u> </u> <u> </u> doses / day | <u> </u> <u> </u> tablets or g per dose | 625 mg tablet 32 (usually 2 tabs 2x/day) 250 mg tablet 26 (usually 5 tabs 2x/day) Oral powder (50 mg/g) 49 | <u> </u> / <u> </u> M M / Y Y Y Y |

| B1. | Drug Code and Name | a. Past 3 days | b. # doses / day | c. # pills (or mL) / dose | d. Formulation of drug | e. Stop date |
|---|--|--|---------------------------------------|------------------------------------|--|--|
| Other Antiretrovirals (from Drug List 1) | | | | | | |
| <input type="checkbox"/> | Specify drug code & name: <u> </u> <u> </u> | YES...1 (b,c,d) NO2 (e) | <u> </u> <u> </u> doses / day | <u> </u> <u> </u> per dose | Other 99 Specify dose, size and form: | <u> </u> / <u> </u> M M / Y Y Y Y |
| <input type="checkbox"/> | Specify drug code & name: <u> </u> <u> </u> | YES...1 (b,c,d) NO2 (e) | <u> </u> <u> </u> doses / day | <u> </u> <u> </u> per dose | Other 99 Specify dose, size and form: | <u> </u> / <u> </u> M M / Y Y Y Y |

END DSGs1B2. ENTER THE TOTAL NUMBER OF ANTIRETROVIRAL MEDICATIONS CHECKED IN QUESTION B1:
 B3. TIME MODULE ENDED: : AM.....1
PM2**PROMPT: COMPLETE A DRUG FORM 1 FOR EVERY ANTIRETROVIRAL MEDICATION THE PARTICIPANT HAS TAKEN IN THE PAST 3 DAYS, I.E., FOR EVERY MEDICATION WITH RESPONSE IN COLUMN a = 1.**