

WIHS ID#

b. If the participant is not taking ANY antiretroviral medications, check here: → (END FORM)

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.**

	A. Drug Code	B. Fecha de la última vez que la tomó	C. Hora de la última vez que la tomó	D. AM/PM Indicator
i.	<input type="text"/>	<input type="text"/>	<input type="text"/>	AM 1 PM 2
ii.	<input type="text"/>	<input type="text"/>	<input type="text"/>	AM 1 PM 2
iii.	<input type="text"/>	<input type="text"/>	<input type="text"/>	AM 1 PM 2
iv.	<input type="text"/>	<input type="text"/>	<input type="text"/>	AM 1 PM 2
v.	<input type="text"/>	<input type="text"/>	<input type="text"/>	AM 1 PM 2
vi.	<input type="text"/>	<input type="text"/>	<input type="text"/>	AM 1 PM 2
vii.	<input type="text"/>	<input type="text"/>	<input type="text"/>	AM 1 PM 2
viii.	<input type="text"/>	<input type="text"/>	<input type="text"/>	AM 1 PM 2
ix.	<input type="text"/>	<input type="text"/>	<input type="text"/>	AM 1 PM 2
x.	<input type="text"/>	<input type="text"/>	<input type="text"/>	AM 1 PM 2

PROMPT: PROCEED WITH PARTICIPANT'S BLOOD DRAW.