WOMEN'S INTERAGENCY HIV STUDY F29a: DRUG USAGE ASSESSMENT FOR BLOOD DRAW

PROMPT: THIS FORM IS TO BE COMLPETED 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:	10/01/09										
FORM COMPLETED BY:	DATE COMPLETED://										
	RAL PHOTO MEDICATION CARDS. GO THROUGH CARDS WITH DEF EACH DRUG ALOUD AND ASKING HER TO TELL YOU "YES" OR "NO" RUG IN THE PAST THREE DAYS.										
	UG THE PARTICIPANT REPORTS HAVING TAKEN. FOR DRUGS NOT L," RECORD NAME AS STATED BY PARTICIPANT AND FILL IN DDE FROM DRUG LIST 1.										
prescribed medications, please include a	I medications you may have taken in the past three days. In addition to all your any antiretroviral medications you have taken as part of a research study, including those the study medication. In the past three days, have you taken										
Combination Medications	Non-Nucleoside RTIs										
262 Atripla (Sustiva + Viread + 1											
227 Combivir (AZT + 3TC)	194 Rescriptor (delavirdine)										
254 Epzicom (Ziagen + Epivir)	220 Sustiva (efavirenz)										
240 Trizivir (abacavir + AZT + 3											
253 Truvada (Viread + Emtriva)											
	Protease Inhibitors										
Entry Inhibitors	238 Aptivus (tipranavir)										
233 Fuzeon (T-20, enfuvirtide)	212 Crixivan (indinavir)										
265 Selzentry (maraviroc)	210 Invirase (saquinavir)										
	217 Kaletra (lopinavir + ritonavir)										
Nucleoside/Nucleotide RTIs	249 Lexiva (fosamprenavir)										
239 Emtriva (emtricitabine, FTC											
Epivir (lamivudine, 3-TC)	256 Prezista (TMC-114, darunavir)										
092 Retrovir (AZT, zidovudine,											
147 Videx / Videx EC (didanosin	$=$ \cdot \cdot										
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 05)	8)										
Specify name of "other" antiviral:	→ Drug Code:										
Specify name of "other" antiviral:	→ Drug Code:										

b. c.	ENTER THE THE PARTIC	pant is not taking ANY antiretroviral TOTAL NUMBER OF ANTIRET CIPANT REPORTED TAKING IN MEDICATION LISTED IN QUITOOK THAT MEDICATION AND AND AND AND AND AND AND AND AND AN	RO QU ES T	VIR JES' FIO I	AL TIOI N 1a	MEI N 1a , AS	DIC <i>i</i> S K P .	АТІ(AR 7	ONS FIC	IPA			 DA'	
	A. Drug Code	B. Date Last Taken								C. Tim Tak		D. AM/PM Indicator		
i.					/ _		/ _				:			AM 1 PM 2
ii.			<u></u>	_	/		/		_		<u> : </u>			AM
iii.			L	_ _	/		/		_	<u> </u>	<u> : </u>			AM
iv.			L	_ _	/		/		_	<u> </u>	:			AM
V.			L	_ _	/		/		_	<u> </u>	:			PM
vi.			<u> </u>	_ _	_ / _	_ _	/		_	<u></u>	<u> : </u>	_		PM
vii.			<u> </u>	_ _	_ / _	_ _	/		_		<u> : </u>			PM2 AM1
viii.			<u> </u>	_ _	_ / _	_ _	/		_		<u> : </u>	_		PM
ix.				_ _	/	_ _	/			<u> </u>	<u> : </u>			PM
	MPT: PROCE	ED WITH PARTICIPANT'S BL	00	D D	RA	W.			<u>' </u>			<u> </u>		END F29As2