

SPANISH VERSION

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

PROMPT: THIS FORM IS TO BE COMPLETED 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: |_|_|_|/|_|_|_|/|_|_|_|

HAND PARTICIPANT ANTIRETROVIRAL PHOTO MEDICATION CARDS. GO THROUGH CARDS WITH PARTICIPANT, SAYING THE NAME OF EACH DRUG ALOUD AND ASKING HER TO TELL YOU "YES" OR "NO" WHETHER SHE HAS TAKEN THIS DRUG IN THE PAST THREE DAYS.

CHECK BELOW NEXT TO EACH DRUG THE PARTICIPANT REPORTS HAVING TAKEN. FOR DRUGS NOT LISTED, CHECK "OTHER ANTI-VIRAL," RECORD NAME AS STATED BY PARTICIPANT AND FILL IN CORRESPONDING 3-DIGIT DRUG CODE FROM DRUG LIST 1.

1a. Ahora le preguntaré sobre cualquier medicamento para combatir el VIH/SIDA que haya tomado **en los últimos tres días**. Además de las medicinas recetadas, diga otros medicamentos que haya tomado como parte de un estudio, incluyendo estudios en los que no sabe si recibió el medicamento. En los últimos tres días, ha tomado usted...

Combination Medications

- 262 ___ Atripla (Sustiva + Viread + Emtriva)
- 227 ___ Combivir (AZT + 3TC)
- 254 ___ Epzicom (Ziagen + Efavirenz)
- 240 ___ Trizivir (abacavir + AZT + 3TC)
- 253 ___ Truvada (Viread + Emtriva)

Non-Nucleoside RTIs

- 255 ___ Intelence (etravirine, TMC 125)
- 194 ___ Rescriptor (delavirdine)
- 220 ___ Sustiva (efavirenz)
- 191 ___ Viramune (nevirapine)

Entry Inhibitors

- 233 ___ Fuzeon (T-20, enfuvirtide)
- 265 ___ Selzentry (maraviroc)

Protease Inhibitors

- 238 ___ Aptivus (tipranavir)
- 212 ___ Crixivan (indinavir)
- 210 ___ Invirase (saquinavir)
- 217 ___ Kaletra (lopinavir + ritonavir)
- 249 ___ Lexiva (fosamprenavir)
- 211 ___ Norvir (ritonavir)
- 256 ___ Prezista (TMC-114, darunavir)
- 243 ___ Reyataz (atazanavir)
- 216 ___ Viracept (nelfinavir)

Nucleoside/Nucleotide RTIs

- 239 ___ Emtriva (emtricitabine, FTC)
- 204 ___ Efavirenz (lamivudine, 3-TC)
- 092 ___ Retrovir (AZT, zidovudine, ZDV)
- 147 ___ Videx / Videx EC (didanosine, ddI)
- 234 ___ Viread (tenofovir)
- 159 ___ Zerit (stavudine, d4T)
- 218 ___ Ziagen (abacavir)

Other

- 207 ___ Droxia or Hydrea (hydroxyurea)
- ___ Other anti-viral(s) (from Drug List 1)

Integrase Inhibitors

- 264 ___ Isentress (raltegravir, MK 0518)

| | |
|------------------------------------|-----------------------|
| Specify name of "other" antiviral: | → Drug Code: _ _ _ _ |
| Specify name of "other" antiviral: | → Drug Code: _ _ _ _ |

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.**

START F29As2

| | A. Drug Code | SPECIFY Other Antiretroviral (Only if drug code = 998 or 999) | 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 |

END F29As2

PROMPT: PROCEED WITH PARTICIPANT'S BLOOD DRAW.