SPANISH VERSION

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: **1 0 / 0 1 / 0 9**

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 <u>IN THE PAST THREE DAYS.</u>

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, inluyendo estudios en los que no sabe si recibió el medicamento. En los últimos tres días, ha tomado usted…

<u>Combination Medications</u>

262 __ Atripla (Sustiva + Viread + Emtriva)
227 __ Combivir (AZT + 3TC)
254 __ Epzicom (Ziagen + Epivir)
240 __ Trizivir (abacavir + AZT + 3TC)
253 __ Truvada (Viread + Emtriva)
280 __ Complera (FTC + RPV + TDF)
287 __ Stribild (FTC + Viread + EVG + cobicistat)

<u>Entry Inhibitors</u>

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

<u>Nucleoside/Nucleotide RTIs</u>

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

<u>Integrase Inhibitors</u>

264 __ Isentress (raltegravir, MK 0518)

<u>Non-Nucleoside RTIs</u>

255 __ Intelence (etravirine, TMC 125)
194 __ Rescriptor (delavirdine)
220 __ Sustiva (efavirenz)
191 __ Viramune (nevirapine)
276 __ Edurant (rilpivirine, TMC 278)

<u>Protease Inhibitors</u>

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)

<u>Other</u>

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

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.	|___|___|___|		|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	AM ..... 1 PM..... 2
ii.	|___|___|___|		|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	AM ..... 1 PM..... 2
iii.	|___|___|___|		|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	AM ..... 1 PM..... 2
iv.	|___|___|___|		|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	AM ..... 1 PM..... 2
v.	|___|___|___|		|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	AM ..... 1 PM..... 2
vi.	|___|___|___|		|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	AM ..... 1 PM..... 2
vii.	|___|___|___|		|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	AM ..... 1 PM..... 2
viii.	|___|___|___|		|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	AM ..... 1 PM..... 2
ix.	|___|___|___|		|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	AM ..... 1 PM..... 2
x.	|___|___|___|		|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	AM ..... 1 PM..... 2

END F29As2

PROMPT: PROCEED WITH PARTICIPANT'S BLOOD DRAW.