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:	/ /

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. I'm going to ask about any antiretroviral medications you may have taken in the past three days. In addition to all your prescribed medications, please include any antiretroviral medications you have taken as part of a research study, including those in which you may have been blinded to the study medication. In the past three days, have you taken...

Combination Medications	Non-Nucleoside RTIs		
262 Atripla (Sustiva + Viread + Emtriva)	255 Intelence (etravirine, TMC 125)		
227 Combivir (AZT + 3TC)	194 Rescriptor (delavirdine)		
254 Epzicom (Ziagen + Epivir)	220 Sustiva (efavirenz)		
240 Trizivir (abacavir + $AZT + 3TC$)	<i>191</i> Viramune (nevirapine)		
253 Truvada (Viread + Emtriva)	276 Edurant (rilpivirine, TMC 278)		
280 _ Complete (FTC + RPV + TDF)			
287 Stribild (FTC + Viread + EVG + cobic	istat) <u>Protease Inhibitors</u>		
Entry Inhibitors	238 Aptivus (tipranavir)		
233 Fuzeon (T-20, enfuvirtide)	212 Crixivan (indinavir)		
265 Selzentry (maraviroc)	210 Invirase (saquinavir)		
Nucleoside/Nucleotide RTIs	217 Kaletra (lopinavir + ritonavir)		
239 Emtriva (emtricitabine, FTC)	249 Lexiva (fosamprenavir)		
204 Epivir (lamivudine, 3-TC)	211 Norvir (ritonavir)		
092 Retrovir (AZT, zidovudine, ZDV)	256 Prezista (TMC-114, darunavir)		
147 Videx / Videx EC (didanosine, ddI)	243 Reyataz (atazanavir)		
234 Viread (tenofovir)	216 Viracept (nelfinavir)		
159 Zerit (stavudine, d4T)			
218 Ziagen (abacavir)	<u>Other</u>		
Integrase Inhibitors	207 Droxia or Hydrea (hydroxyurea)		
264 Isentress (raltegravir, MK 0518)	Other anti-viral(s) (from Drug List 1)		
286 Tivicay (dolultegravir)			
Specify name of "other" antiviral:	\rightarrow Drug Code: $ \ $		
Specify name of "other" antiviral:	\rightarrow Drug Code:		

b. If the participant is not taking ANY antiretroviral medications, check here:

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. Date Last Taken	C. Time Last Taken	D. AM/PM Indicator
i.					AM1 PM2
1.			/′ /′	• •	AM1
ii.			/ /	:	PM2
					AM 1
iii.			/ /	:	PM2
					AM 1 PM 2
iv.	<u></u>		/ / _	·	AM1
v.					PM2
	' <u></u> ''		·, ·, ·, ·,	·, ·,	AM 1
vi.			/ /	:	PM2
					AM 1
vii.			/ /	:	PM2
			,,		AM 1
viii.			<u> / / </u>		PM2
ix.					AM 1 PM 2
1.			11' 11' 11' 11	 	AM1
x.			/ /	:	PM2

END F29As2

PROMPT: PROCEED WITH PARTICIPANT'S BLOOD DRAW.