

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: **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 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)
- 280 Complera (FTC + RPV + TDF)
- 287 Stribild (FTC + Viread + EVG + cobicistat)
- 293 Triumeq (DTG + ABC + 3TC)

Entry Inhibitors

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

Nucleoside/Nucleotide RTIs

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

Integrase Inhibitors

- 264 Raltegravir (raltegravir, MK 0518)
- 286 Dolutegravir (dolutegravir)
- 284 Elvitegravir (elvitegravir)

Non-Nucleoside RTIs

- 255 Etravirine (etravirine, TMC 125)
- 194 Delavirdine (delavirdine)
- 220 Efavirenz (efavirenz)
- 191 Nevirapine (nevirapine)
- 276 Rilpivirine (rilpivirine, TMC 278)

Protease Inhibitors

- 238 Tipranavir (tipranavir)
- 212 Indinavir (indinavir)
- 210 Saquinavir (saquinavir)
- 217 Kaletra (lopinavir + ritonavir)
- 249 Fosamprenavir (fosamprenavir)
- 211 Ritonavir (ritonavir)
- 256 Darunavir (TMC-114, darunavir)
- 243 Atazanavir (atazanavir)
- 216 Nelfinavir (nelfinavir)

Other

- 207 Hydroxyurea (hydroxyurea)
- Other anti-viral(s) (from Drug List 1)

WIHS ID#

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

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.