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┌─────────────────────────────────────────────────────┐
│           WOMENS INTERAGENCY HIV STUDY               │
│               INTENSIVE PK STUDY                     │
│         FORM PK01: ELIGIBILITY FORM                  │
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THIS FORM SHOULD BE COMPLETED AT THE WIHS CORE VISIT FOR ALL WIHS PARTICIPANTS (EXCEPT FOR THOSE ENROLLED AT THE LA WIHS SITE).

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE |__| - |__|__| - |__|__|__|__| - |__|
ONLY IF ID LABEL IS NOT AVAILABLE

A2. WIHS STUDY VISIT #:   ___ ___

A3. FORM VERSION: **1 0 / 0 1 / 0 6**

A4. DATE OF COMPLETION: __ __ / __ __ / __ __
                                    M   D   Y

A5. INTERVIEWER'S INITIALS: __ __ __

SECTION B: ELIGIBILITY

B1. IS PARTICIPANT HIV-POSITIVE?

         YES 1

         NO 2   **PARTICIPANT IS INELIGIBLE FOR PK SUBSTUDY. SKIP TO B3.**

B2. CHECK EACH ANTIRETROVIRAL MEDIATION BELOW THAT PARTICIPANT IS CURRENTLY TAKING. IF THE PARTICIPANT IS NOT ON ANY OF THESE MEDICATIONS, CHECK 'NONE OF THE ABOVE.'

     _____ *Kaletra* (lopinavir/ritonavir)   **(INELIGIBLE; ENROLLMENT CLOSED)**

     _____ *Viracept* (nelfinavir)   **(ELIGIBLE)**

     _____ *Sustiva* (efavirenz)   **(INELIGIBLE; ENROLLMENT CLOSED)**

     _____ *Viramune* (nevirapine)   **(INELIGIBLE; ENROLLMENT CLOSED)**

     _____ *Reyataz* (atazanavir)   **(ELIGIBLE)**

     _____ NONE OF THE ABOVE   **(INELIGIBLE)**

NOTE: IF PARTICPANT HAS COMPLETED AN INTENSIVE PK SUBSTUDY VISIT PREVIOUSLY FOR ONE OF THE TARGET MEDICATIONS ABOVE, SHE IS NOT ELIGIBLE TO ENROLL AGAIN FOR THE SAME MEDICATION. IN THIS CASE, "INELIGIBLE" SHOULD BE CIRCLED IN QUESTION B3. HOWEVER, IF SHE HAS COMLETED A PRIOR PK VISIT FOR ONE TARGET MEDICATION AND IS NOW TAKING A DIFFERENT TARGET MEDICATION, SHE MAY ENROLL FOR THE NEW MEDICATION.

B3. OUTCOME:

         ELIGIBLE, OKAY TO CALL TO SCHEDULE APPOINTMENT 1

         ELIGIBLE, DECLINED TO PARTICIPATE 2   **(END)**

         INELIGIBLE 3   **(END)**

WIHS ID #

B4.   CIRCLE THE GROUP TO WHICH PARTICIPANT BELONGS BASED ON
      ANTIRETROVIRALS CHECKED IN B2.   GROUP

      Participant is on *Viracept*
      and NOT on *Reyataz*...A

      Participant is on *Reyataz*
      and NOT on *Viracept*...B

      Participant is on *Reyataz*
      and ALSO on *Viracept*..C

**IF PARTICIPANT IS ELIGIBLE AND HAS CONSENTED TO ENROLL IN THE
INTENSIVE PK STUDY, REFER HER FOR GCRC VISIT. AT GCRC VISIT,
COMPLETE AND DATA ENTER FORM *PKNOTI*.**

DO NOT DATA ENTER FORM *PK01*.