

SPANISH VERSION

**WOMENS INTERAGENCY HIV STUDY
INTENSIVE PK STUDY
FORM PK02: CURRENT ANTIRETROVIRAL MEDICATION USE**

SECTION A: GENERAL INFORMATION

- A1. PARTICIPANT ID: ENTER NUMBER HERE - - -
ONLY IF ID LABEL IS NOT AVAILABLE
- A2. LAST WIHS CORE VISIT #:
- A3. VERSION DATE: 10/01/04
- A4. DATE OF INTERVIEW: / /
M D Y
- A5. INTERVIEWER'S INITIALS:

SECTION B: ANTIRETROVIRAL MEDICATION USE

- B1. **INTRODUCTION TO PARTICIPANT:** Ahora, voy a hacerle una serie de preguntas con respecto a las medicinas antiretrovirósicas (las drogas contra el VIH) que usted puede haber tomado desde su última visita esencial para el estudio que realiza WIHS, cuando se la programó para este "Subestudio Intensivo de farmacología".

PROMPT: HAND PARTICIPANT ANTIRETROVIRAL PHOTO MEDICATION CARDS. GO THROUGH THE CARDS WITH THE PARTICIPANT, SAYING THE NAME OF EACH DRUG ALOUD AND ASKING HER TO TELL YOU "YES" OR "NO" WHETHER SHE HAS TAKEN THIS DRUG SINCE HER LAST CORE WIHS VISIT. CHECK EACH DRUG THE PARTICIPANT REPORTS HAVING TAKEN.

- B2. Desde su última visita esencial para el estudio de WIHS, ¿tomó usted. . .

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| <p>Nucleoside/Nucleotide RTIs</p> <p>204 <input type="checkbox"/> Efavirenz (Sustiva)</p> <p>218 <input type="checkbox"/> Zidovudine (Retrovir)</p> <p>092 <input type="checkbox"/> Zalcitabine (ZDV)</p> <p>227 <input type="checkbox"/> Zalcitabine + Zidovudine (Combivir)</p> <p>159 <input type="checkbox"/> Stavudine (Zerit)</p> <p>094 <input type="checkbox"/> Didanosine + Zalcitabine (Hivid)</p> <p>147 <input type="checkbox"/> Didanosine (Videx)</p> <p>240 <input type="checkbox"/> Abacavir + Zidovudine + Zalcitabine (Trizivir)</p> <p>234 <input type="checkbox"/> Tenofovir (Viread)</p> <p>239 <input type="checkbox"/> Emtricitabine + Zalcitabine (Emtriva)</p> <p>253 <input type="checkbox"/> Emtricitabine + Tenofovir (Truvada)</p> <p>254 <input type="checkbox"/> Zidovudine + Abacavir (Epzicom)</p> <p>Non-Nucleoside RTIs</p> <p>194 <input type="checkbox"/> Delamanvir (Rescriptor)</p> <p>220 <input type="checkbox"/> Efavirenz (Sustiva)</p> <p>191 <input type="checkbox"/> Nevirapine (Viramune)</p> | <p>Inhibidores de la Proteasa</p> <p>219 <input type="checkbox"/> Amprenavir (Agenerase)</p> <p>212 <input type="checkbox"/> Indinavir (Crixivan)</p> <p>217 <input type="checkbox"/> Kaletra (lopinavir/ritonavir)</p> <p>216 <input type="checkbox"/> Nelfinavir (Viracept)</p> <p>211 <input type="checkbox"/> Ritonavir (Norvir)</p> <p>210 <input type="checkbox"/> Saquinavir (Invirase or Fortovase)</p> <p>243 <input type="checkbox"/> Atazanavir (Reyataz)</p> <p>238 <input type="checkbox"/> Tipranavir (PNU-140690)</p> <p>249 <input type="checkbox"/> Fosamprenavir (Lexiva)</p> <p>Inhibidores del Ingreso (del VIH)</p> <p>233 <input type="checkbox"/> Enfuvirtide (Fuzeon)</p> <p><input type="checkbox"/> Other antiretroviral</p> <p>Drug code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Specify: _____</p> |
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- B3. ENTER THE TOTAL NUMBER OF ANTIRETROVIRAL MEDICATIONS THE PARTICIPANT REPORTED TAKING IN QUESTION B2:

PLEASE FILL OUT A PK ADHERENCE FORM (FORM PK02A) FOR EACH TARGET MEDICATION (Sustiva, Viramune, Kaletra, Viracept, Reyataz) CHECKED ABOVE.