

WIHS ID#

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**WIHS VIROLOGIC REBOUND AND RESISTANCE STUDY
ELIGIBILITY FOR VRS SUPPLEMENT
FORM VRS 1r**

THIS FORM IS A DECISION MAKING TOOL TO DETERMINE WHETHER OR NOT A PARTICIPANT IS NOW ON HAART. IT SHOULD BE COMPLETED EVERY TIME A PARTICIPANT WHO WAS ENROLLED AS HAART NAIVE IS SCREENED FOR HAART USE

ID LABEL
HERE --->

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VISIT#:
___ ___

CORE VISIT.....1
3 MONTH VRS VISIT.....2

VERSION DATE REVISED **01/01/02**

FORM COMPLETED BY: ___ ___ ___

DATE COMPLETED: ___/___/___
 M D Y

AFTER COMPLETING WORKSHEET ON PAGE TWO OF THIS FORM, ANSWER THE FOLLOWING QUESTIONS:

1. DOES PARTICIPANT CURRENTLY TAKE HAART?

YES1 (ELIGIBLE FOR VRS)

NO2 (END)

1A. DEFINITION OF HAART (CHECK WHICH DEFINITION APPLIES):

≥ 2 NRTI + (≥ 1 PI and/or ≥ 1 NNRTI)

1 NRTI + ≥ 1 PI + ≥ 1 NNRTI

THIS FORM IS NOT DATA ENTERED.

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IF COMPLETED AT A CORE VISIT:

USING ALL DRUG FORMS 1 COMPLETED AT TODAY'S INTERVIEW, CHECK ALL MEDICATIONS PARTICIPANT REPORTED TAKING CURRENTLY ('YES' TO QUESTION 4A) IN TABLE BELOW.

IF COMPLETED BETWEEN CORE VISITS:

ASK PARTICIPANT FOR EACH MEDICATION LISTED BELOW:

Are you currently taking (DRUG)?

CHECK THE MEDICATIONS TO WHICH RESPONDENT ANSWERS 'YES' IN TABLE BELOW.

Antiretroviral Medications		
Group A (NRTIs)	Group B (PIs)	Group C (NNRTIs)
<input type="checkbox"/> 3-TC (Lamivudine, Epivir)	<input type="checkbox"/> Amprenavir (Agenerase)	<input type="checkbox"/> Delavirdine (Rescriptor)
<input type="checkbox"/> Abacavir (Ziagen)	<input type="checkbox"/> Indinavir (Crixivan)	<input type="checkbox"/> Efavirenz (Sustiva)
<input type="checkbox"/> Adefovir (Preveon)	<input type="checkbox"/> Nelfinavir (Viracept)	<input type="checkbox"/> Nevirapine (Viramune)
<input type="checkbox"/> AZT (Retrovir, zidovudine)	<input type="checkbox"/> Ritonavir (Norvir), full dose*	<input type="checkbox"/> Emivirine (MCK-442, Coactinon)
<input type="checkbox"/> Combivir (AZT/3-TC)*	<input type="checkbox"/> Ritonavir (Norvir), low dose**	
<input type="checkbox"/> d4T (stavudine, Zerit)	<input type="checkbox"/> Saquinavir (Invirase, Fortovase)	
<input type="checkbox"/> ddC (dideoxycytidine, Hivid, Zalcitabine)	<input type="checkbox"/> Kaletra (Lopinavir)	
<input type="checkbox"/> ddI (dideoxyinosine, Videx, Didanosine)	<input type="checkbox"/> Tipranavir (PNU-140690)	
<input type="checkbox"/> Tenofovir disoproxil (bis-POC PMPA, Adenine Fumarate)	<input type="checkbox"/> Atazanavir (BMS-232632)	
<input type="checkbox"/> Emtricitabine (FTC)		
<input type="checkbox"/> Trizivir (AZT/3TC/Abacavir)**		
*Combivir counts as 2 drugs **Trizivir counts as 3 drugs	*Full dose: ≥400mg, >2 pills/dose **Low dose: ≤200mg, 1-2 pills/dose	
Total # from A: _____	Total # from B: _____	Total # from C: _____