

**WIHS VIROLOGIC REBOUND AND RESISTANCE STUDY  
QUESTION BY QUESTION SPECIFICATIONS  
VRS 4: ANTIVIRAL MEDICATIONS**

Guidelines for completing VRS 4, "Antiviral Medications"

General Instructions:

The purpose of this form is to collect information on the dosage of antiviral medications participants took in the last 24 hours.

- A1. Affix WIHS ID label in the space provided or record participants ID number.
- A2.: For a core visit, enter the number of the core visit. For a three-month visit, enter the number of the core visit preceding the three-month visit.
- A2a.: If this form is administered at a Core Visit, circle '1'. If this form is administered at a three-month VRS visit, circle 2.
- A3.: Use the form version dated 10/01/03.
- A4.: Date should be recorded in MM/DD/YY format.
- Table: Please mark with an x the box in front of the drug for which you are completing this form. If the medication is not listed, mark the box in front of 'other' and write the name of the medication in the space provided.
- B1.: The purpose of this question is to differentiate between information based on self-report and information which can be verified by the interviewer. If participant has (DRUG) with her, circle '1', if not, circle '2'.
- B2.: This question is repeated from Drug Form 1 as a lead in to question B3. The answer may be copied from Drug Form 1, or, if participant has (DRUG) with her, completed by the interviewer. Indicate in which form participant takes (DRUG).
- B3.: We would like to know in what dosage participant takes (DRUG). Some medications come in pills of different sizes. If participant does not have (DRUG) with her, show her the WIHS Antiviral Medication Card for (DRUG) and ask her to show you which pills she is taking. Enter the number of mg in one pill only. If participant takes (DRUG) in a solution, determine how many mg are in 1 ml of this solution. If this medication combines 2 or more substances, leave B3. blank.

- B4.: We would like to know at what times participant took (DRUG) in the last 24 hours, not what time she was supposed to take it. If participant took less than 3 doses in the last 24 hours, code '-1' on the remaining line(s). The date should be recorded in MM/DD/YY format. Since it's the last 24 hours, it will be either the date of the interview or the day before. The time should be recorded in HH:MM format. Circle '1' for AM and '2' for PM as appropriate. For medication that is taken in pill form, the number of pills participant took at each time should be recorded, not the number she was supposed to take. For medication that comes in packs, record the number of packs participant took at each time. For medication that is in liquid form, record the number of ml participant took each time. (1 tablespoon = 15ml, 1 teaspoon = 5ml).
- B5.: Please get as specific a date as you can. If the participant cannot remember the exact month (and day), probe for the season. Use "15" for the day if the specific day cannot be recorded. Probe for the season and assign the month as follows:
- |        |   |         |   |    |
|--------|---|---------|---|----|
| Summer | = | July    | = | 07 |
| Fall   | = | October | = | 10 |
| Winter | = | January | = | 01 |
| Spring | = | April   | = | 04 |
- B6.: This information is necessary so we can contact physicians if participants report changes in their HAART regimen. Please get information as complete as possible. If necessary, assure participant that we will not be sharing any of the information she has given us with her provider, unless she has authorized us to do so. If you have already recorded all the information for a particular physician, only record the name again.