

WIHS ID#

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**WIHS- VIRAL REBOUND AND RESISTANCE STUDY
ANTIVIRAL MEDICATIONS
VRS 4**

COMPLETE THIS FORM FOR EACH MEDICATION FOR WHICH A DRUG FORM 1 WAS COMPLETED AND FOR WHICH QUESTION 4A ON DRUG FORM 1 WAS ANSWERED "YES" (PARTICIPANT CURRENTLY TAKES THIS DRUG).

A1. PARTICIPANT ID: []-[]-[]-[]-[]-[]-[]-[]-[]-[]

A2. WIHS STUDY VISIT #: [] [] A2a. CORE VISIT.....1
3 MONTH VRS VISIT.....2

A3. FORM VERSION: $\frac{1}{M}$ $\frac{0}{M}$ / $\frac{0}{D}$ $\frac{1}{D}$ / $\frac{0}{Y}$ $\frac{0}{Y}$ a

A4. DATE OF INTERVIEW: $\frac{[]}{M}$ $\frac{[]}{M}$ / $\frac{[]}{D}$ $\frac{[]}{D}$ / $\frac{[]}{Y}$ $\frac{[]}{Y}$

A5. INTERVIEWER'S INITIALS: [] [] []

PROMPT: SELECT THE SPECIFIC DRUG FOR WHICH INFORMATION WILL BE CAPTURED ON THIS FORM

Nucleoside/Nucleotide RTIs

- 204 Epivir (lamivudine, 3-TC)
- 218 Ziagen (abacavir, 1592U89)
- 092 Retrovir (AZT, zidovudine, ZDV)
- 227 Combivir (AZT + 3TC)
- 159 Zerit (stavudine, d4T)
- 094 Hivid (dideoxycytidine, zalcitabine, ddC)
- 147 Videx/Videx EC (dideoxyinosine, didanosine, ddI)
- 240 Trizivir (abacavir + AZT +3TC)
- 234 Tenofovir (disoproxil fumarate)

Protease Inhibitors

- 219 Agenerase (amprenavir ,141W94)
- 212 Crixivan (indinavir)
- 217 Kaletra (lopinavir/ritonavir, ABT-378/r)
- 216 Viracept (nelfinavir)
- 211 Norvir (ritonavir)
- 210 Invirase or Fortovase (saquinavir)
- 243 BMS-232,632

Non-Nucleoside RTIs

- 194 Rescriptor (delavirdine, U- 90)
- 220 Sustiva (efavirenz , DMP266)
- 191 Viramune (nevirapine)

Fusion Inhibitors

- 233 T-20 (pentafuside)

Other

- 207 Droxia or Hydria (hydroxyurea)
- Other antiviral (from Drug List 1)

Name of Drug: [Empty box]

→Drug Code: [] [] [] []
(Unknown antiviral = 999)

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B1. Do you have your (DRUG) with you now?

YES.....1

NO.....2

IF RESPONDENT BROUGHT MEDICATIONS WITH HER, ASK HER TO SHOW THEM TO YOU.

B2. In what form do you take this medication? (CAN COPY FROM DRUG FORM 1, 5B)

Pills.....1

Packs2

Solution (Teaspoons, Drops)...3

B3. What size or dosage do you take?

FOR PILLS, ENTER MG/PILL; FOR PACKETS, ENTER MG/PACKET; FOR SOLUTIONS, ENTER #CC PER DOSE. IF THIS MEDICATION COMBINES 2 OR MORE SUBSTANCES, LEAVE BLANK AND GO TO B4.

|_|_|_|_| mg or cc

B4. Now I'm going to ask you how you took (DRUG) in the last 24 hours.

Let's start with the last time you took this medication, and go back in time, covering the last 24 hours.

a. When was the last time you took (DRUG)? How many (Pills, Packs, cc) did you take?

b., c. When was the last time before that? How many (Pills, Packs, cc) did you take?

	Date	Time	How many (pills/packs/cc)
	MM DD YY	HH MM	
B4a.	_ _ / _ _ / _ _	_ _ : _ _ AM..1 PM..2	_ _
B4b.	_ _ / _ _ / _ _	_ _ : _ _ AM..1 PM..2	_ _
B4c.	_ _ / _ _ / _ _	_ _ : _ _ AM..1 PM..2	_ _

B5. Who prescribes (DRUG)?

Name_____

Institution_____

Street Address_____

City_____

Phone Number_____