

**WIHS VIROLOGIC REBOUND AND RESISTANCE STUDY  
SCREENING TO DETERMINE CHANGES IN HAART REGIMEN  
VRS 5**

**IMPORTANT: MUST COMPLETE A7 BEFORE TALKING TO PARTICIPANT.**

- A1. PARTICIPANT ID:   |\_|- |\_|\_| - |\_|\_|\_|\_| - |\_|
- A2. FORM VERSION:     0   4 / 0   1 / 0   1 a  
                                  M    M    D    D    Y    Y
- A3. DATE FORM COMPLETED:             /           /            
  M    M    D    D    Y    Y
- A4. INTERVIEWER'S INITIALS:                       A5. WIHS STUDY VISIT #:
- A6. CORE VISIT .....1 (GO TO A8a)  
3 MONTH VRS VISIT.....2 (GO TO A8b)

**A7: COMPLETE BEFORE TALKING TO PARTICIPANT:  
CIRCLE CODES OF ALL MEDICATIONS FOR WHICH A VRS 4 WAS COMPLETED AT PARTICIPANT'S LAST VISIT (CORE OR 3 MONTH VRS) IN COLUMN A7 BELOW.**

**A8a. USING ALL DRUG FORMS 1 COMPLETED AT TODAY'S INTERVIEW, CIRCLE CODES OF ALL MEDICATIONS PARTICIPANT REPORTED TAKING CURRENTLY ('YES' TO QUESTION 4A) IN COLUMN A8 BELOW**

**A8b. ASK PARTICIPANT FOR EACH MEDICATION LISTED BELOW:  
Are you currently taking (DRUG)?  
CIRCLE CODES OF THE MEDICATIONS TO WHICH RESPONDENT ANSWERS 'YES' IN COLUMN A8.**

	<b>A7.</b>	<b>A8.</b>
	<b>LASTVISIT</b>	<b>THIS VISIT</b>
<b><u>Nucleoside/Nucleotide RTIs</u></b>		
Epivir (lamivudine, 3-TC )	204	204
Ziagen (abacavir, 1592U89)	218	218
Retrovir (AZT, zidovudine, ZDV)	092	092
Combivir (AZT + 3TC)	227	227
Zerit (stavudine, d4T)	159	159
Hivid (dideoxycytidine, zalcitabine, ddC)	094	094
Videx/ Videx EC (dideoxyinosine, didanosine, ddl)	147	147
Trizivir (abacavir + AZT + 3TC)	240	240
Tenofovir (disoproxil fumarate)	234	234
<b><u>Protease Inhibitors</u></b>		
Agenerase (amprenavir ,141W94)	219	219
Crixivan (indinavir)	212	212
Kaletra (lopinavir/ritonavir, ABT-378/r)	217	217
Viracept (nelfinavir)	216	216
Norvir (ritonavir)	211	211
Invirase or Fortovase (saquinavir)	210	210
BMS-232,632	243	243

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	A7. LAST VISIT	A8. THIS VISIT
<b><u>Non-Nucleoside RTIs</u></b>		
Rescriptor (delavirdine, U- 90)	194	194
Sustiva (efavirenz , DMP266)	220	220
Viramune (nevirapine)	191	191
<b><u>Fusion Inhibitors</u></b>		
T-20 (pentafuside)	233	233
<b><u>Other</u></b>		
Droxia or Hydria (hydroxyurea)	207	207
Other antiviral (from Drug List 1)	Code	Code
Name of Drug:	_ _ _	_ _ _

A11. DOES PARTICIPANT REPORT CURRENTLY TAKING ANY ANTIRETROVIRAL MEDICATIONS (ANY MEDICATIONS CHECKED IN COLUMN A8)?

YES.....1 (GO TO A12)

NO.....2 (GO TO A14)

A12. ARE THE MEDICATIONS CHECKED IN A7 AND A8 DIFFERENT?

YES.....1 (GO TO A13)

NO.....2 (GO TO A14)

- A13. 1. PK SAMPLING IS INDICATED  
 2. IF THIS IS A CORE VISIT, SCHEDULE A PK VISIT WITHIN THE NEXT TWO WEEKS. ASK PARTICIPANT TO BRING HER ANTIRETROVIRAL MEDICATION AND TAKE IT DURING THE VISIT. FOLLOW PROCEDURES OUTLINED IN SECTION IIE2 OF VRS MANUAL FOR PK CORE VISIT.  
 3. IF THIS IS ON OR BEFORE A 3 MONTH VRS VISIT, DO OR SCHEDULE A PK 3 MONTH VRS VISIT. (PARTICIPANT TAKES MEDICATION DURING VISIT, 2 HOUR PK SAMPLING, INTERVIEW, SEE SECTION IIE3 -PK 3 MONTH VRS VISIT OF VRS MANUAL)  
 4. FOR EITHER, OBTAIN MEDICATION RECORDS RELEASE AND CONTACT PARTICIPANTS PHYSICIAN TO COMPLETE VRS 6

- A14. 1. PK SAMPLING IS NOT INDICATED  
 2. IF THIS IS A CORE VISIT, COMPLETE VRS 3 AND VRS 4.  
 3. IF THIS IS ON OR BEFORE A 3 MONTH VRS VISIT, DO OR SCHEDULE A NON-PK 3 MONTH VRS VISIT. (ONE BLOOD DRAW, INTERVIEW, SEE SECTION IIE3 OF VRS MANUAL)  
 4. IF PATIENT IS NOT ON ANY MEDS, AND THIS IS A CHANGE FROM BEFORE, OBTAIN MEDICATION RECORDS RELEASE AND CONTACT PARTICIPANTS PHYSICIAN TO COMPLETE VRS 6

VRS 5: