

SPANISH VERSION

WOMEN'S INTERAGENCY HIV STUDY
DRUG FORM 1 – ANTIRETROVIRAL MEDICATION USE

COMPLETE THIS FORM FOR EACH ANTIRETROVIRAL THE PARTICIPANT REPORTS SHE HAS TAKEN **IN THE PAST THREE DAYS** ON THE ANTIRETROVIRAL DOSAGE FORM. DO NOT COMPLETE DRUG FORM 1 FOR ANY ANTIRETROVIRAL THE PARTICIPANT HAS TAKEN SINCE HER LAST STUDY VISIT BUT HAS NOT TAKEN IN THE PAST THREE DAYS.

PARTICIPANT ID: | | - | | | - | | | | | - | |

WIHS STUDY VISIT #: | |

FORM VERSION: 1 0 / 0 1 / 1 5

FORM COMPLETED BY: | | | |

DATE COMPLETED: | | | | / | | | | / | | | |
M D Y

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

Combination Medications

- 262 ___ Atripla (Sustiva + Viread + Emtriva)
- 227 ___ Combivir (AZT + 3TC)
- 254 ___ Epzicom (Ziagen + Epivir)
- 240 ___ Trizivir (abacavir + AZT + 3TC)
- 253 ___ Truvada (Viread + Emtriva)
- 280 ___ Complera (FTC + RPV + TDF)
- 287 ___ Stribild (FTC + Viread + EVG + cobicistat)
- 293 ___ Triumeq (DTG + ABC + 3TC)
- 295 ___ Prezcoibix (DRV + cobicistat)
- 296 ___ Evotaz (ATZ + cobicistat)

Entry Inhibitors

- 233 ___ Fuzeon (T-20, enfuvirtide)
- 265 ___ Selzentry (maraviroc)

Nucleoside/Nucleotide RTIs

- 239 ___ Emtriva (emtricitabine, FTC)
- 204 ___ Epivir (lamivudine, 3-TC)
- 092 ___ Retrovir (AZT, zidovudine, ZDV)
- 147 ___ Videx / Videx EC (didanosine, ddI)
- 234 ___ Viread (tenofovir)
- 159 ___ Zerit (stavudine, d4T)
- 218 ___ Ziagen (abacavir)

Integrase Inhibitors

- 264 ___ Isentress (raltegravir, MK 0518)
- 286 ___ Tivicay (dolutegravir)
- 284 ___ Vitekta (elvitegravir)

Non-Nucleoside RTIs

- 255 ___ Intelence (etravirine, TMC 125)
- 194 ___ Rescriptor (delavirdine)
- 220 ___ Sustiva (efavirenz)
- 191 ___ Viramune (nevirapine)
- 276 ___ Edurant (rilpivirine)

Protease Inhibitors

- 238 ___ Aptivus (tipranavir)
- 212 ___ Crixivan (indinavir)
- 210 ___ Invirase (saquinavir)
- 217 ___ Kaletra (lopinavir + ritonavir)
- 249 ___ Lexiva (fosamprenavir)
- 211 ___ Norvir (ritonavir)
- 256 ___ Prezista (TMC-114, darunavir)
- 243 ___ Reyataz (atazanavir)
- 216 ___ Viracept (nelfinavir)

Other

- 207 ___ Droxia or Hydrea (hydroxyurea)
- ___ Other anti-viral(s) (from Drug List 1)

Specify name of "other" antiviral:

→ Drug Code: | | | |

PROMPT: INTERVIEWER, PLEASE RECORD HERE HOW USE OF THIS MEDICATION WAS REPORTED.

- SELF-REPORT1
- PARTICIPANT BROUGHT WRITTEN LIST TO VISIT2
- PARTICIPANT BROUGHT MEDICATION BOTTLES TO VISIT3
- PARTICIPANT BROUGHT PHARMACY RECORD TO VISIT4
- RECORD OBTAINED DIRECTLY FROM PHARMACY5
- OTHER.....6

SPECIFY: _____

PROMPT: INTERVIEWER READ TO PARTICIPANT IF NECESSARY: “Un medicamento que ha tomado “en los últimos 3 días” es un medicamento que haya tomado al menos una vez al día, ayer o antes de ayer.”

1. a. En los últimos tres días, ha tomado usted (DROGA). ¿Es éste un medicamento nuevo que comenzó a tomar, o un medicamento previo que ha vuelto a comenzar a tomar desde su visita al estudio en (MES)?

YES 1
NO 2 (END)

- b. ¿Cuándo empezó a tomar (DROGA)? Solo necesito el mes y el año. Si ésta es un medicamento que usted ha vuelto a comenzar a usar, por favor diga la fecha más reciente que comenzó otra vez a usarlo.

____/____
MES AÑO

PROMPT: AFTER A DRUG FORM 1 HAS BEEN COMPLETED FOR EACH ANTIRETROVIRAL MEDICATION THE PARTICIPANT REPORTS SHE HAS TAKEN IN THE PAST THREE DAYS, GO BACK AND COMPLETE F22MED.