

B1.	Code	Drug Name	a. Past 3 days	b. # doses / day	c. # pills (or mL) / dose	d. Formulation of drug	e. Stop date
Nucleoside / Nucleotide RTIs (NRTIs)							
<input type="checkbox"/>	204	Epivir (3TC, lamivudine)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ tablets or mL per dose	300 mg tablet.....27 150 mg tablet.....20 Liquid form (10 mg/mL).....4	____ / ____ M M Y Y Y Y
<input type="checkbox"/>	218	Ziagen (abacavir, ABC)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ tablets or mL per dose	300 mg tablet.....27 Liquid form (20 mg/mL).....7	____ / ____ M M Y Y Y Y
<input type="checkbox"/>	092	Retrovir (AZT, ZDV, zidovudine)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ tablets or capsules or mL per dose	300 mg tablet.....27 100 mg capsule.....16 Liquid form (50 mg/5 mL)13	____ / ____ M M Y Y Y Y
<input type="checkbox"/>	227	Combivir (AZT + 3TC)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ tablets per dose	300mg AZT / 150mg 3TC tablet.....37	____ / ____ M M Y Y Y Y
<input type="checkbox"/>	159	Zerit (d4T, stavudine)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ capsules or mL per dose	40 mg capsule.....10 30 mg capsule.....9 20 mg capsule.....6 15 mg capsule.....5 Liquid form (1 mg/mL)3	____ / ____ M M Y Y Y Y
<input type="checkbox"/>	094	Hivid (ddC)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ tablets per dose	0.750 mg tablet.....2 0.375 mg tablet.....1	____ / ____ M M Y Y Y Y
<input type="checkbox"/>	147	Videx or Videx EC (didanosine, ddi)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ capsules or tablets or mL per dose	400 mg capsule.....29 250 mg capsule.....25 200 mg capsule.....21 125 mg capsule.....18 200 mg tablet.....24 150 mg tablet.....20 100 mg tablet.....17 50 mg tablet.....12 25 mg tablet.....8 Liquid form (20 mg/mL)7 Liquid form (10 mg/mL)4	____ / ____ M M Y Y Y Y
<input type="checkbox"/>	240	Trizivir (abacavir + AZT + 3TC)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ tablets per dose	300mg abacavir/300mg AZT/ 150mg 3TC tablet.....36	____ / ____ M M Y Y Y Y
<input type="checkbox"/>	234	Viread (tenofovir)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ tablets per dose	300mg tablet.....27	____ / ____ M M Y Y Y Y
<input type="checkbox"/>	239	Emtriva (emtricitabine, FTC)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ capsules per dose	200mg capsule.....21	____ / ____ M M Y Y Y Y

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<input type="checkbox"/>	253	Truvada (tenofovir + FTC)	YES .. 1 (b,c,d) NO 2 (e)	___ doses / day	___ tablets per dose	300mg tenofovir/200mg FTC tablet 38	___ / ___ M M Y Y Y Y
<input type="checkbox"/>	254	Epzicom (3TC + abacavir)	YES .. 1 (b,c,d) NO 2 (e)	___ doses / day	___ tablets per dose	300mg lamivudine/600mg abacavir tablet 35	___ / ___ M M Y Y Y Y
Non-nucleoside RTIs (NNRTIs)							
<input type="checkbox"/>	194	Rescriptor (delavirdine)	YES .. 1 (b,c,d) NO 2 (e)	___ doses / day	___ tablets per dose	200 mg tablet 24 100 mg tablet 17	___ / ___ M M Y Y Y Y
<input type="checkbox"/>	220	Sustiva (efavirenz)	YES .. 1 (b,c,d) NO 2 (e)	___ doses / day	___ tablets or capsules per dose	600 mg tablet 31 200 mg capsule 21 100 mg capsule 16 50 mg capsule 11	___ / ___ M M Y Y Y Y
<input type="checkbox"/>	191	Viramune (nevirapine)	YES .. 1 (b,c,d) NO 2 (e)	___ doses / day	___ tablets or mL per dose	Tablet form (200 mg) 24 Liquid form (50 mg/5 mL) 13	___ / ___ M M Y Y Y Y
Protease Inhibitors (PIs)							
<input type="checkbox"/>	219	Agenerase (amprenavir)	YES .. 1 (b,c,d) NO 2 (e)	___ doses / day	___ capsules per dose	150 mg capsule 19 50 mg capsule 11	___ / ___ M M Y Y Y Y
<input type="checkbox"/>	212	Crixivan (indinavir)	YES .. 1 (b,c,d) NO 2 (e)	___ doses / day	___ capsules per dose	400 mg capsule 29 333 mg capsule 28 200 mg capsule 21 100 mg capsule 16	___ / ___ M M Y Y Y Y
<input type="checkbox"/>	217	Kaletra (lopinavir + ritonavir)	YES .. 1 (b,c,d) NO 2 (e)	___ doses / day	___ capsules or tablets or mL per dose	Capsule form 34 (133.3mg lopinavir/33.3mg ritonavir) Tablet form 40 (200mg lopinavir/50mg ritonavir) Liquid form 39 (80mg/ml lopinavir / 20mg/ml ritonavir)	___ / ___ M M Y Y Y Y
<input type="checkbox"/>	216	Viracept (nelfinavir)	YES .. 1 (b,c,d) NO 2 (e)	___ doses / day	___ tablets per dose	625 mg tablet 32 (usually 2 tabs 2x/day) 250 mg tablet 26 (usually 5 tabs 2x/day)	___ / ___ M M Y Y Y Y

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<input type="checkbox"/>	211	Norvir (ritonavir)	YES .. 1 (b,c,d) NO 2 (e)	 doses / day	capsules or mL per dose	100 mg capsule..... 16 Liquid form (80 mg/mL)..... 14	/ M M Y Y Y Y
<input type="checkbox"/>	210	Invirase or Fortovase (saquinavir)	YES .. 1 (b,c,d) NO 2 (e)	 doses / day	capsules or tablets per dose	200 mg Fortovase capsule..... 22 200 mg Invirase capsule..... 23 500 mg Invirase tablet..... 30	/ M M Y Y Y Y
<input type="checkbox"/>	243	Reyataz (atazanavir)	YES .. 1 (b,c,d) NO 2 (e)	 doses / day	capsules per dose	200 mg capsule..... 21 150 mg capsule..... 19 100 mg capsule..... 16	/ M M Y Y Y Y
<input type="checkbox"/>	238	Aptivus (tipranavir)	YES .. 1 (b,c,d) NO 2 (e)	 doses / day	capsules per dose	250mg capsule..... 25	/ M M Y Y Y Y
<input type="checkbox"/>	249	Lexiva (fosamprenavir)	YES .. 1 (b,c,d) NO 2 (e)	 doses / day	capsules per dose	700mg capsule..... 33	/ M M Y Y Y Y
Entry Inhibitors							
<input type="checkbox"/>	233	Fuzeon (T-20, enfuvirtide)	YES .. 1 (b,c,d) NO 2 (e)	 doses / day	mL per dose	90mg/ml 15	/ M M Y Y Y Y
Other Antiretrovirals (from Drug List 1)							
<input type="checkbox"/>	Specify drug code & name:		YES .. 1 (b,c,d) NO 2 (e)	 doses / day	 per dose	Other..... 99 Specify dose, size and form:	/ M M Y Y Y Y
<input type="checkbox"/>	Specify drug code & name:		YES .. 1 (b,c,d) NO 2 (e)	 doses / day	 per dose	Other..... 99 Specify dose, size and form:	/ M M Y Y Y Y

END DSGs1

B2. ENTER THE TOTAL NUMBER OF ANTIRETROVIRAL MEDICATIONS CHECKED IN QUESTION B1: | | |

B3. TIME MODULE ENDED: | | | : | | | AM1
PM.....2

PROMPT: COMPLETE A DRUG FORM 1 FOR EVERY ANTIRETROVIRAL MEDICATION THE PARTICIPANT HAS TAKEN IN THE PAST 3 DAYS, I.E., FOR EVERY MEDICATION WITH RESPONSE IN COLUMN a = 1.