

WIHS ID #

B1.	Code	Drug Name	a. Past 3 days	b. # doses / day	c. # pills (or mL) / dose	d. Formulation of drug	e. Stop date
Combination Medications							
<input type="checkbox"/>	262	Atripla (Sustiva + Viread + Emtriva)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ tablets per dose	600 mg efavirenz/ 200 mg emtricitabine/ 300 mg tenofovir tablet41	____/____ 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 tablet37	____/____ M M Y Y Y Y
<input type="checkbox"/>	254	Epzicom (3TC + abacabir)	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
<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 tablet36	____/____ M M Y Y Y Y
<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
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
Nucleoside / Nucleotide RTIs (NRTIs)							
<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
<input type="checkbox"/>	204	Epivir (3TC, lamivudine)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ tablets or mL per dose	300 mg tablet27 150 mg tablet20 Liquid form (10 mg/mL)4	____/____ 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 tablet2 0.375 mg tablet1	____/____ 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 tablet27 100 mg capsule16 Liquid form (50 mg/5 mL)13	____/____ 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 capsule29 250 mg capsule25 200 mg capsule21 125 mg capsule18 200 mg tablet24 150 mg tablet20 100 mg tablet17 50 mg tablet12 25 mg tablet8 Liquid form (20 mg/mL)7 Liquid form (10 mg/mL)4	____/____ M M Y Y Y Y

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<input type="checkbox"/>	234	Viread (tenofovir)	YES .. 1 (b,c,d) NO 2 (e)	doses / day	tablets per dose	300mg tablet27	/ 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 capsule10 30 mg capsule9 20 mg capsule6 15 mg capsule5 Liquid form (1 mg/mL)3	/ 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 tablet27 Liquid form (20 mg/mL)7	/ 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 tablet24 100 mg tablet17	/ 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 tablet31 200 mg capsule21 100 mg capsule16 50 mg capsule11	/ 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 capsule19 50 mg capsule11	/ 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 capsule25	/ 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 capsule29 333 mg capsule28 200 mg capsule21 100 mg capsule16	/ 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 capsule22 200 mg Invirase capsule23 500 mg Invirase tablet30	/ M M Y Y Y Y
<input type="checkbox"/>	217	Kaletra (lopinavir + ritonavir)	YES .. 1 (b,c,d) NO 2 (e)	doses / day	tablets or mL per dose	Tablet form40 (200mg lopinavir/50mg ritonavir) Liquid form39 (80mg/ml lopinavir / 20mg/ml ritonavir)	/ 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

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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 capsule16 Liquid form (80 mg/mL)14	/ M M Y Y Y Y
<input type="checkbox"/>	256	Prezista (TMC-114, darunavir)	YES .. 1 (b,c,d) NO 2 (e)	 doses / day	tablets per dose	300 mg tablet 27	/ 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	300 mg capsule42 200 mg capsule21 150 mg capsule19 100 mg capsule16	/ 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 tablet32 (usually 2 tabs 2x/day) 250 mg tablet26 (usually 5 tabs 2x/day)	/ M M Y Y Y Y

Other Antiretrovirals (from Drug List 1)							
<input type="checkbox"/>	Specify drug code & name:	YES...1 (b,c,d) NO2 (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) NO2 (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: | | | : | | | AM..... 1
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.