

**WOMENS INTERAGENCY HIV STUDY
ANTIRETROVIRAL DOSAGE FORM**

SECTION A. GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE _____-_____-_____-_____

A2. VISIT #: _____

A3. VERSION DATE: **10/02/05**

A4. DATE OF INTERVIEW: _____/_____/_____ M D Y

A5. INTERVIEWER'S INITIALS: _____

A6. TIME MODULE STARTED: _____:_____ AM.....1
 _____:_____ PM.....2

SECTION B. DOSAGE INFORMATION

1) In question B1, place a check mark next to each antiretroviral medication the participant has taken at least once since her (MONTH) study visit (from F22med, question B2a). Leave blank any antiretrovirals she has not taken at all since her (MONTH) study visit.

2) For each antiretroviral medication checked, ask the participant if she has taken [DRUG] in the past three days.

If YES, i.e., the participant has taken this medication in the past three days:

- Circle "1" to indicate use in the past three days in **column "a."**
- Record the total number of doses taken per day in **column "b."**
- Record the total number of tablets or capsules or mL taken per dose in **column "c."**
- Some pills have different formulations (tablets or capsules or liquid forms). Indicate the actual medication form/dose taken in **column "d."**
- Skip to next checked medication on list.

If NO, i.e., the participant has taken the medication since her last study visit but has not taken the medication in the past three days:

- Circle "2" to indicate no use in the past three days in **column "a."**
- **Skip to column "e."** Record the month and year when she stopped taking the medication in **column "e."**
- **Do NOT complete dosing information (columns b, c and d) for antiretrovirals the participant has not taken in the past three days.**
- Skip to next checked medication on list.

3) In question B2, enter the number of boxes checked in question B1.

PROMPT: INTERVIEWER READ TO THE PARTICIPANT: "Medications you have taken in the past three days include any you have taken at least one time today, yesterday or the day before yesterday."

START DSGs1

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
<input type="checkbox"/>	265	Selzentry (maraviroc)	YES .. 1 (b,c,d) NO 2 (e)	___ doses / day	___ tablets per dose	300 mg tablet27 150 mg tablet20	___ / ___ 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

B1.	Code	Drug Name	a. Past 3 days	b. # doses / day	c. # pills (or mL) / dose	d. Formulation of drug	e. Stop date
<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
<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

B1.	Code	Drug Name	a. Past 3 days	b. # doses / day	c. # pills (or mL) / dose	d. Formulation of drug	e. Stop date
<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 <i>(200mg lopinavir/50mg ritonavir)</i> Liquid form.....39 <i>(80mg/ml lopinavir / 20mg/ml ritonavir)</i>	/ 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
<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 <i>(usually 2 tabs 2x/day)</i> 250 mg tablet26 <i>(usually 5 tabs 2x/day)</i>	/ M M Y Y Y Y

WIHS ID #

B1.	Drug Code and Name	a. Past 3 days	b. # doses / day	c. # pills (or mL) / dose	d. Formulation of drug	e. Stop date
<i>Other Antiretrovirals (from Drug List 1)</i>						
<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: _____ : _____ 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.