

WIHS ID #

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 tablet35	___ / ___ 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 tablet38	___ / ___ 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/ml15	___ / ___ 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"/>	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

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<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
Integrase Inhibitors							
<input type="checkbox"/>	264	Isentress (raltegravir, MK 0518)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ tablets per dose	400 mg tablet43	____ / ____ 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
<input type="checkbox"/>	255	Intelence (etravirine, TMC 125)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ tablets per dose	100 mg tablet17	____ / ____ M M Y Y Y Y
Protease Inhibitors (PIs)							
<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

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<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 (saquinavir)	YES .. 1 (b,c,d) NO 2 (e)	___ doses / day	___ capsules or tablets per dose	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 form39 <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

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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.