



**PROMPT: IF THE PARTICIPANT DOES NOT TAKE A MEDICATION EVERY DAY (E.G., TAKES IT ONLY EVERY OTHER DAY, OR ONCE PER WEEK), ENTER CODE “99” (FOR “OTHER”) IN SUBQUESTION d. THEN ENTER THE ACTUAL DOSING SCHEDULE (E.G., “300 MG PER WEEK”) IN THE SPECIFY FIELD. SUBQUESTIONS b AND c SHOULD BE CODED AS “-9.” SEE QxQS FOR DETAILED EXAMPLES.**

**START DSGs1**

<b>B1.</b>	<b>Code</b>	<b>Drug Name</b>	<b>a. Past 3 days</b>	<b>b. # doses / day</b>	<b>c. # pills (or mL) / dose</b>	<b>d. Formulation of drug</b>	<b>e. Stop date</b>
<b>Combination Medications</b>							
<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 tablet .....41	____/____ 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"/>	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 tablet .....36	____/____ 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
<input type="checkbox"/>	280	Complera (FTC + RPV + TDF)	YES .. 1 (b,c,d) NO .... 2 (e)	____ doses / day	____ tablets per dose	200mg FTC/25mg RPV/300mg TDF tablet ..... 50	____/____ M M Y Y Y Y
<b>Entry Inhibitors</b>							
<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 tablet .....27 150 mg tablet .....20	____/____ M M Y Y Y Y
<b>Nucleoside / Nucleotide RTIs (NRTIs)</b>							
<input type="checkbox"/>	239	Emtriva (emtricitabine, FTC)	YES .. 1 (b,c,d) NO .... 2 (e)	____ doses / day	____ capsules or mL per dose	200mg capsule ..... 21 Liquid form (10 mg/mL) ..... 4	____/____ 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 tablet .....27 150 mg tablet .....20 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 tablet .....27 100 mg capsule .....16 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 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"/>	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"/>	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"/>	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
<b>Integrase Inhibitors</b>							
<input type="checkbox"/>	264	Isentress (raltegravir, MK 0518)	YES .. 1 (b,c,d) NO .... 2 (e)	____ doses / day	____ tablets per dose	400 mg tablet .....43	____ / ____ M M Y Y Y Y
<b>Non-nucleoside RTIs (NNRTIs)</b>							
<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 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	200 mg tablet .....24 400 mg tablet (XR form) .....43 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 tablet .....17 200 mg tablet .....24	____ / ____ 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"/>	276	Edurant (rilpivirine, TMC 278)	YES .. 1 (b,c,d) NO .... 2 (e)	 doses / day	tablets per dose	25 mg tablet .....8	/             M M Y Y Y Y
<b>Protease Inhibitors (PIs)</b>							
<input type="checkbox"/>	238	Aptivus (tipranavir)	YES .. 1 (b,c,d) NO .... 2 (e)	 doses / day	capsules or mL per dose	250mg capsule .....25 Liquid form (100 mg/mL) .....45	/             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 .....29 200 mg capsule .....21 100 mg capsule .....16	/             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 capsule .....23 500 mg Invirase tablet .....30	/             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 form (200mg lopinavir/50mg ritonavir).....40 (100mg lopinavir/25mg ritonavir).....46 Liquid form.....39 (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	tablets or mL per dose	700 mg tablet ..... 48 Liquid form (50 mg/mL) ..... 47	/             M M Y Y Y Y
<input type="checkbox"/>	211	Norvir (ritonavir)	YES .. 1 (b,c,d) NO .... 2 (e)	 doses / day	capsules or tablets or mL per dose	100 mg capsule .....16 100 mg tablet .....17 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	75 mg tablet ..... 44 150 mg tablet ..... 20 300 mg tablet ..... 27 400 mg tablet ..... 43 600 mg tablet ..... 31	/             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 capsule .....42 200 mg capsule .....21 150 mg capsule .....19 100 mg capsule .....16	/             M M Y Y Y Y
<input type="checkbox"/>	216	Viracept (nelfinavir)	YES .. 1 (b,c,d) NO .... 2 (e)	 doses / day	tablets or g per dose	625 mg tablet .....32 (usually 2 tabs 2x/day) 250 mg tablet .....26 (usually 5 tabs 2x/day) Oral powder (50 mg/g) .....49	/             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.**