

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

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 + 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
<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
<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
<input type="checkbox"/>	287	Stribild (FTC + Viread + EVG + cobicistat)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ tablets per dose	200mg FTC/300mg Viread/150mg EVG/150 mg cobicistat tablet.. 52	____/____ M M Y Y Y Y
<input type="checkbox"/>	293	Triumeq (DTG + ABC + 3TC)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ tablets per dose	50mg DTG/600mg ABC/300mg 3TC tablet 54	____/____ 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 or mL per dose	200mg capsule 21 Liquid form (10 mg/mL) 4	____/____ 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"/>	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
<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 or g per dose	150mg tablet.....20 200mg tablet.....24 250mg tablet.....26 300mg tablet.....27 Oral powder (40 mg/g).....51	____ / ____ 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
Integrase Inhibitors							
<input type="checkbox"/>	264	Isentress (raltegravir, MK 0518)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ tablets per dose	25mg tablet.....8 100mg tablet.....17 400 mg tablet.....43	____ / ____ M M Y Y Y Y
<input type="checkbox"/>	286	Tivicay (dolutegravir)	YES .. 1 (b,c,d) NO 2 (e)	____ doses / day	____ tablets per dose	50mg tablet.....12	____ / ____ M M Y Y Y Y

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
<input type="checkbox"/>	284	Vitekta (elvitegravir)	YES .. 1 (b,c,d) NO 2 (e)	___ doses / day	___ tablets per dose	85 mg tablet55 150 mg tablet20	___ / ___ 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 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	200 mg tablet24 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	25 mg tablet8 100 mg tablet17 200 mg tablet24	___ / ___ M M Y Y Y Y
<input type="checkbox"/>	276	Edurant (rilpivirine, TMC 278)	YES .. 1 (b,c,d) NO 2 (e)	___ doses / day	___ tablets per dose	25 mg tablet8	___ / ___ 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 or mL per dose	250mg capsule25 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 capsule29 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 form (200mg lopinavir/50mg ritonavir)40 (100mg lopinavir/25mg ritonavir)46 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	___ tablets or mL per dose	700 mg tablet 48 Liquid form (50 mg/mL) 47	___ / ___ 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"/>	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 or mL per dose	75 mg tablet 44 150 mg tablet 20 300 mg tablet 27 400 mg tablet 43 600 mg tablet 31 800 mg tablet 53 Liquid form (100 mg/mL)..... 45	____/____ 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 or g per dose	625 mg tablet32 <i>(usually 2 tabs 2x/day)</i> 250 mg tablet26 <i>(usually 5 tabs 2x/day)</i> Oral powder (50 mg/g)49	____/____ M M Y Y Y Y

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