



**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)<br>NO .... 2 (e) | ____<br>doses / day     | ____ tablets<br>per dose         | 600 mg efavirenz/ 200 mg emtricitabine/ 300 mg tenofovir tablet .....41 | ____/____<br>M M Y Y Y Y |
| <input type="checkbox"/>       | 227         | Combivir (AZT + 3TC)                       | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day     | ____ tablets<br>per dose         | 300mg AZT / 150mg 3TC tablet .....37                                    | ____/____<br>M M Y Y Y Y |
| <input type="checkbox"/>       | 254         | Epzicom (3TC + abacabir)                   | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day     | ____ tablets<br>per dose         | 300mg lamivudine/600mg abacavir tablet.....35                           | ____/____<br>M M Y Y Y Y |
| <input type="checkbox"/>       | 240         | Trizivir (abacavir + AZT + 3TC)            | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day     | ____ tablets<br>per dose         | 300mg abacavir/300mg AZT/ 150mg 3TC tablet .....36                      | ____/____<br>M M Y Y Y Y |
| <input type="checkbox"/>       | 253         | Truvada (tenofovir + FTC)                  | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day     | ____ tablets<br>per dose         | 300mg tenofovir/200mg FTC tablet .....38                                | ____/____<br>M M Y Y Y Y |
| <input type="checkbox"/>       | 280         | Complera (FTC + RPV + TDF)                 | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day     | ____ tablets<br>per dose         | 200mg FTC/25mg RPV/300mg TDF tablet..... 50                             | ____/____<br>M M Y Y Y Y |
| <input type="checkbox"/>       | 287         | Stribild (FTC + Viread + EVG + cobicistat) | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day     | ____ tablets<br>per dose         | 200mg FTC/300mg Viread/150mg EVG/150 mg cobicistat tablet.. 52          | ____/____<br>M M Y Y Y Y |
| <input type="checkbox"/>       | 293         | Triumeq (DTG + ABC + 3TC)                  | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day     | ____ tablets<br>per dose         | 50mg DTG/600mg ABC/300mg 3TC tablet ..... 54                            | ____/____<br>M M Y Y Y Y |
| <input type="checkbox"/>       | 295         | Prezcobix (DRV + cobicistat)               | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day     | ____ tablets<br>per dose         | 800mg DRV/150mg cobicistat Tablet..... 56                               | ____/____<br>M M Y Y Y Y |
| <input type="checkbox"/>       | 296         | Evotaz (ATZ + cobicistat)                  | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day     | ____ tablets<br>per dose         | 300mg ATZ/150mg cobicistat tablet ..... 57                              | ____/____<br>M M Y Y Y Y |
| <b>Entry Inhibitors</b>        |             |  |                                   |                         |                                  |   |                          |
| <input type="checkbox"/>       | 233         | Fuzeon (T-20, enfuvirtide)                 | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day     | ____ mL<br>per dose              | 90mg/ml.....15  | ____/____<br>M M Y Y Y Y |
| <input type="checkbox"/>       | 265         | Selzentry (maraviroc)                      | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day     | ____ tablets<br>per dose         | 300 mg tablet .....27<br>150 mg tablet .....20                          | ____/____<br>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               |
|--|------|--|-----------------------------------|---------------------|---|---|----------------------------|
| <b><i>Nucleoside / Nucleotide RTIs (NRTIs)</i></b> |      |  |                                   |                     |   |   |                            |
| <input type="checkbox"/>                           | 239  | Emtriva (emtricitabine, FTC)           | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ capsules or mL<br>per dose               | 200mg capsule ..... 21<br>Liquid form (10 mg/mL) ..... 4  | ____ / ____<br>M M Y Y Y Y |
| <input type="checkbox"/>                           | 204  | Epivir (3TC, lamivudine)               | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ tablets or mL<br>per dose                | 300 mg tablet ..... 27<br>150 mg tablet ..... 20<br>Liquid form (10 mg/mL) ..... 4  | ____ / ____<br>M M Y Y Y Y |
| <input type="checkbox"/>                           | 092  | Retrovir (AZT, ZDV,<br>zidovudine)     | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ tablets or<br>capsules or mL<br>per dose | 300 mg tablet ..... 27<br>100 mg capsule ..... 16<br>Liquid form (50 mg/5 mL) ..... 13  | ____ / ____<br>M M Y Y Y Y |
| <input type="checkbox"/>                           | 147  | Videx or Videx EC<br>(didanosine, ddI) | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ capsules or<br>tablets or mL<br>per dose | 400 mg capsule ..... 29<br>250 mg capsule ..... 25<br>200 mg capsule ..... 21<br>125 mg capsule ..... 18<br>200 mg tablet ..... 24<br>150 mg tablet ..... 20<br>100 mg tablet ..... 17<br>50 mg tablet ..... 12<br>25 mg tablet ..... 8<br>Liquid form (20 mg/mL) ..... 7<br>Liquid form (10 mg/mL) ..... 4 | ____ / ____<br>M M Y Y Y Y |
| <input type="checkbox"/>                           | 234  | Viread (tenofovir)                     | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ tablets or g<br>per dose                 | 150mg tablet ..... 20<br>200mg tablet ..... 24<br>250mg tablet ..... 26<br>300mg tablet ..... 27<br>Oral powder (40 mg/g) ..... 51  | ____ / ____<br>M M Y Y Y Y |
| <input type="checkbox"/>                           | 159  | Zerit (d4T, stavudine)                 | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ capsules or mL<br>per dose               | 40 mg capsule ..... 10<br>30 mg capsule ..... 9<br>20 mg capsule ..... 6<br>15 mg capsule ..... 5<br>Liquid form (1 mg/mL) ..... 3  | ____ / ____<br>M M Y Y Y Y |
| <input type="checkbox"/>                           | 218  | Ziagen (abacavir, ABC)                 | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ tablets or mL<br>per dose                | 300 mg tablet ..... 27<br>Liquid form (20 mg/mL) ..... 7  | ____ / ____<br>M M Y Y Y Y |
| <b><i>Integrase Inhibitors</i></b>                 |      |  |                                   |                     |   |   |                            |
| <input type="checkbox"/>                           | 264  | Isentress (raltegravir, MK<br>0518)    | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ tablets<br>per dose                      | 25mg tablet ..... 8<br>100mg tablet ..... 17<br>400 mg tablet ..... 43  | ____ / ____<br>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"/>            | 286  | Tivicay (dolutegravir)          | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ tablets<br>per dose                | 50mg tablet .....12   | ____ / ____<br>M M Y Y Y Y |
| <input type="checkbox"/>            | 284  | Vitekta (elvitegravir)          | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ tablets<br>per dose                | 85 mg tablet .....55<br>150 mg tablet .....20   | ____ / ____<br>M M Y Y Y Y |
| <b>Non-nucleoside RTIs (NNRTIs)</b> |      |                                 |                                   |                     |   |   |                            |
| <input type="checkbox"/>            | 194  | Rescriptor (delavirdine)        | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ tablets<br>per dose                | 200 mg tablet .....24<br>100 mg tablet .....17  | ____ / ____<br>M M Y Y Y Y |
| <input type="checkbox"/>            | 220  | Sustiva (efavirenz)             | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ tablets or<br>capsules<br>per dose | 600 mg tablet .....31<br>200 mg capsule .....21<br>50 mg capsule .....11  | ____ / ____<br>M M Y Y Y Y |
| <input type="checkbox"/>            | 191  | Viramune (nevirapine)           | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ tablets or mL<br>per dose          | 200 mg tablet .....24<br>400 mg tablet (XR form) .....43<br>Liquid form (50 mg/5 mL) .....13  | ____ / ____<br>M M Y Y Y Y |
| <input type="checkbox"/>            | 255  | Intelence (etravirine, TMC 125) | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ tablets<br>per dose                | 25 mg tablet .....8<br>100 mg tablet .....17<br>200 mg tablet .....24   | ____ / ____<br>M M Y Y Y Y |
| <input type="checkbox"/>            | 276  | Edurant (rilpivirine, TMC 278)  | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ tablets<br>per dose                | 25 mg tablet .....8   | ____ / ____<br>M M Y Y Y Y |
| <b>Protease Inhibitors (PIs)</b>    |      |                                 |                                   |                     |   |   |                            |
| <input type="checkbox"/>            | 238  | Aptivus (tipranavir)            | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ capsules or mL<br>per dose         | 250mg capsule .....25<br>Liquid form (100 mg/mL) .....45  | ____ / ____<br>M M Y Y Y Y |
| <input type="checkbox"/>            | 212  | Crixivan (indinavir)            | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ capsules<br>per dose               | 400 mg capsule .....29<br>200 mg capsule .....21<br>100 mg capsule .....16  | ____ / ____<br>M M Y Y Y Y |
| <input type="checkbox"/>            | 210  | Invirase (saquinavir)           | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ capsules or<br>tablets<br>per dose | 200 mg Invirase capsule .....23<br>500 mg Invirase tablet .....30   | ____ / ____<br>M M Y Y Y Y |
| <input type="checkbox"/>            | 217  | Kaletra (lopinavir + ritonavir) | YES .. 1 (b,c,d)<br>NO .... 2 (e) | ____<br>doses / day | ____ tablets or mL<br>per dose          | Tablet form<br>(200mg lopinavir/50mg ritonavir) .....40<br>(100mg lopinavir/25mg ritonavir) .....46<br>Liquid form .....39<br>(80mg/ml lopinavir / 20mg/ml ritonavir) | ____ / ____<br>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"/> | 249  | Lexiva (fosamprenavir)        | YES .. 1 (b,c,d)<br>NO .... 2 (e) | <input type="text"/> doses / day | <input type="text"/> tablets or mL<br>per dose                | 700 mg tablet ..... 48<br>Liquid form (50 mg/mL) ..... 47   | <input type="text"/> / <input type="text"/><br>M M Y Y Y Y |
| <input type="checkbox"/> | 211  | Norvir (ritonavir)            | YES .. 1 (b,c,d)<br>NO .... 2 (e) | <input type="text"/> doses / day | <input type="text"/> capsules or<br>tablets or mL<br>per dose | 100 mg capsule ..... 16<br>100 mg tablet ..... 17<br>Liquid form (80 mg/mL) ..... 14  | <input type="text"/> / <input type="text"/><br>M M Y Y Y Y |
| <input type="checkbox"/> | 256  | Prezista (TMC-114, darunavir) | YES .. 1 (b,c,d)<br>NO .... 2 (e) | <input type="text"/> doses / day | <input type="text"/> tablets or mL<br>per dose                | 75 mg tablet ..... 44<br>150 mg tablet ..... 20<br>300 mg tablet ..... 27<br>400 mg tablet ..... 43<br>600 mg tablet ..... 31<br>800 mg tablet ..... 53<br>Liquid form (100 mg/mL) ..... 45 | <input type="text"/> / <input type="text"/><br>M M Y Y Y Y |
| <input type="checkbox"/> | 243  | Reyataz (atazanavir)          | YES .. 1 (b,c,d)<br>NO .... 2 (e) | <input type="text"/> doses / day | <input type="text"/> capsules<br>per dose                     | 300 mg capsule ..... 42<br>200 mg capsule ..... 21<br>150 mg capsule ..... 19<br>100 mg capsule ..... 16  | <input type="text"/> / <input type="text"/><br>M M Y Y Y Y |
| <input type="checkbox"/> | 216  | Viracept (nelfinavir)         | YES .. 1 (b,c,d)<br>NO .... 2 (e) | <input type="text"/> doses / day | <input type="text"/> tablets or g<br>per dose                 | 625 mg tablet ..... 32<br>(usually 2 tabs 2x/day)<br>250 mg tablet ..... 26<br>(usually 5 tabs 2x/day)<br>Oral powder (50 mg/g) ..... 49  | <input type="text"/> / <input type="text"/><br>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   |
|---|--|-----------------------------------|----------------------------------|-------------------------------|--|--|
| <b>Other Antiretrovirals (from Drug List 1)</b> |  |                                   |                                  |                               |  |  |
| <input type="checkbox"/>                        | Specify drug code & name: <input type="text"/> | YES... 1 (b,c,d)<br>NO .... 2 (e) | <input type="text"/> doses / day | <input type="text"/> per dose | Other ..... 99<br>Specify dose, size and form: | <input type="text"/> / <input type="text"/><br>M M Y Y Y Y |
| <input type="checkbox"/>                        | Specify drug code & name: <input type="text"/> | YES... 1 (b,c,d)<br>NO .... 2 (e) | <input type="text"/> doses / day | <input type="text"/> per dose | Other ..... 99<br>Specify dose, size and form: | <input type="text"/> / <input type="text"/><br>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.**