

WOMEN'S INTERAGENCY HIV STUDY
F29a: DRUG USAGE ASSESSMENT FOR BLOOD DRAW

**PROMPT: THIS FORM IS TO BE COMPLETED BY THE PHLEBOTOMIST
IMMEDIATELY PRECEDING THE PARTICIPANT'S BLOOD DRAW.**

PARTICIPANT ID: - - -

WIHS STUDY VISIT #:

FORM VERSION: 0 4 / 0 1 / 0 3

FORM COMPLETED BY: DATE COMPLETED: / /

HAND PARTICIPANT ANTIVIRAL PHOTO MEDICATION CARDS. GO THROUGH CARDS WITH PARTICIPANT, SAYING THE NAME OF EACH DRUG ALOUD AND ASKING HER TO TELL YOU "YES" OR "NO" WHETHER SHE HAS TAKEN THIS DRUG IN THE PAST THREE DAYS.

CHECK BELOW NEXT TO EACH DRUG PARTICIPANT REPORTS HAVING TAKEN. FOR DRUGS NOT LISTED, CHECK "OTHER ANTI-VIRAL," RECORD NAME AS STATED BY PARTICIPANT AND FILL IN CORRESPONDING 3-DIGIT DRUG CODE FROM DRUG LIST 1.

1A. I'm going to ask about any antiretroviral medications you may have taken in the past three days. In addition to all your prescribed medications, please include any antiretroviral medications you have taken as part of a research study including those in which you may have been blinded to the study medication. In the past three days, have you taken...

Nucleoside/Nucleotide RTIs

- 204 Epivir (lamivudine, 3-TC)
- 218 Ziagen (abacavir, 1592U89)
- 092 Retrovir (AZT, zidovudine, ZDV)
- 227 Combivir (AZT + 3TC)
- 159 Zerit (stavudine, d4T)
- 094 Hivid (dideoxycytidine, zalcitabine, ddC)
- 147 Videx / Videx EC (dideoxyinosine, didanosine, dId)
- 240 Trizivir (abacavir + AZT + 3TC)
- 234 Viread (tenofovir, bis-POC-PMPA)
- 239 Emtriva (Coviracil, emtricitabine, FTC)

Protease Inhibitors

- 219 Agenerase (amprenavir, 141W94)
- 212 Crixivan (indinavir)
- 217 Kaletra (lopinavir/ritonavir, ABT-378/r)
- 216 Viracept (nelfinavir)
- 211 Norvir (ritonavir)
- 210 Invirase or Fortovase (saquinavir)
- 243 Reyataz (atazanavir, BMS-232632)
- 238 Tipranavir (PNU-140690)

Entry Inhibitors

- 233 Fuzeon (T-20, enfuviramide, ENF)

Non-Nucleoside RTIs

- 194 Rescriptor (delavirdine, U-90)
- 220 Sustiva (efavirenz, DMP266)
- 191 Viramune (nevirapine)

Other

- 207 Droxia or Hydrea (hydroxyurea)
- Other anti-viral (from Drug List 1)

Name of Drug:
Name of Drug:

→ Drug Code:

→ Drug Code:

B. If the participant is not taking ANY antiviral medication, check here: → **(Go to Question #3)**

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2. FOR EACH MEDICATION LISTED IN QUESTION #1A, ASK PARTICIPANT THE DATE AND TIME SHE LAST TOOK THAT MEDICATION AND COMPLETE COLUMNS A, B, C and D BELOW.

	A. Drug Code	B. Date Last Taken	C. Time Last Taken	D. AM/PM indicator
i.	_ _ _	___/___/___	_ _ : _ _	AM 1 PM 2
ii.	_ _ _	___/___/___	_ _ : _ _	AM 1 PM 2
iii.	_ _ _	___/___/___	_ _ : _ _	AM 1 PM 2
iv.	_ _ _	___/___/___	_ _ : _ _	AM 1 PM 2
v.	_ _ _	___/___/___	_ _ : _ _	AM 1 PM 2
vi.	_ _ _	___/___/___	_ _ : _ _	AM 1 PM 2
vii.	_ _ _	___/___/___	_ _ : _ _	AM 1 PM 2
viii.	_ _ _	___/___/___	_ _ : _ _	AM 1 PM 2
ix.	_ _ _	___/___/___	_ _ : _ _	AM 1 PM 2
x.	_ _ _	___/___/___	_ _ : _ _	AM 1 PM 2

3. When was the last date and time you had anything to eat or drink other than water?

A. DATE: ___/___/___ B. TIME: |_|_|:|_|_| AM 1
PM 2

4. In the last 48 hours, how many drinks of alcohol have you had? By a drink, I mean one can or glass of beer, a glass of wine, a shot of liquor, a mixed drink with that amount of liquor, or any other kind of alcoholic beverage. **(PROBE: Please give me your best estimate.)**

- None 1
- 1 to 2 drinks 2
- 3 to 4 drinks 3
- 5 to 6 drinks 4
- 7 to 10 drinks 5
- > 10 drinks 6

PROMPT: PROCEED WITH PARTICIPANT’S BLOOD DRAW.
