

1.A. 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, ddi)
- 240 Trizivir (abacavir + AZT + 3TC)
- 234 Viread (tenofovir, bis-POC-PMPA)

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 Atazanavir (BMS-232632)

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)

Fusion Inhibitors

- 233 T-20 (pentafuside)

Name of Drug:
Name of Drug:

→ Drug Code:

→ Drug Code:

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

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2. **FOR EACH MEDICATION LISTED IN QUESTION #1.A., ASK THE 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

PROMPT: PROCEED WITH PARTICIPANT’S BLOOD DRAW.
