

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, ddl)
- 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 Question #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

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.