

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: **1 0 / 0 1 / 0 5**

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...

Combination Medications

- 262 ___ Atripla (Sustiva + Viread + Emtriva)
- 227 ___ Combivir (AZT + 3TC)
- 254 ___ Epzicom (Ziagen + Efavir)
- 240 ___ Trizivir (abacavir + AZT + 3TC)
- 253 ___ Truvada (Viread + Emtriva)

Entry Inhibitors

- 233 ___ Fuzeon (T-20, enfuvirtide)

Nucleoside/Nucleotide RTIs

- 239 ___ Emtriva (emtricitabine, FTC)
- 204 ___ Efavir (lamivudine, 3-TC)
- 094 ___ Hivid (zalcitabine, ddC)
- 092 ___ Retrovir (AZT, zidovudine, ZDV)
- 147 ___ Videx / Videx EC (didanosine, ddI)
- 234 ___ Viread (tenofovir)
- 159 ___ Zerit (stavudine, d4T)
- 218 ___ Ziagen (abacavir)

Non-Nucleoside RTIs

- 194 ___ Rescriptor (delavirdine)
- 220 ___ Sustiva (efavirenz)
- 191 ___ Viramune (nevirapine)

Protease Inhibitors

- 219 ___ Agenerase (amprenavir)
- 238 ___ Aptivus (tipranavir)
- 212 ___ Crixivan (indinavir)
- 210 ___ Invirase or Fortovase (saquinavir)
- 217 ___ Kaletra (lopinavir + ritonavir)
- 249 ___ Lexiva (fosamprenavir)
- 211 ___ Norvir (ritonavir)
- 256 ___ Prezista (TMC-114, darunavir)
- 243 ___ Reyataz (atazanavir)
- 216 ___ Viracept (nelfinavir)

Other

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

Name of Drug:
Name of Drug:

→ Drug Code: |_|_|_|_|

→ Drug Code: |_|_|_|_|

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- b. If the participant is not taking ANY antiviral medication, check here: → **(END FORM)**
- c. ENTER THE TOTAL NUMBER OF ANTIRETROVIRAL MEDICATIONS THE PARTICIPANT REPORTED TAKING IN QUESTION 1a: |_|_|

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

PROMPT: PROCEED WITH PARTICIPANT’S BLOOD DRAW.