

**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) (Note: Efavir is misspelled as Epivir in image)
- 240 \_\_\_ Trizivir (abacavir + AZT + 3TC)
- 253 \_\_\_ Truvada (Viread + Emtriva)

**Entry Inhibitors**

- 233 \_\_\_ Fuzeon (T-20, enfuvirtide)
- 265 \_\_\_ Selzentry (maraviroc)

**Nucleoside/Nucleotide RTIs**

- 239 \_\_\_ Emtriva (emtricitabine, FTC)
- 204 \_\_\_ Epivir (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

<b>PROMPT: PROCEED WITH PARTICIPANT’S BLOOD DRAW.</b>
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