

WOMEN'S INTERAGENCY HIV STUDY

QUESTION BY QUESTION SPECIFICATIONS

F29a: DRUG USAGE ASSESSMENT FOR BLOOD DRAW

This form should be completed by the phlebotomist immediately before the participant's blood draw. The information collected will allow us to look at drug levels in blood and urine and compare with standard pharmacokinetic data to assess absorption and/or adherence.

If the participant receives more than one blood draw (e.g., due to clotting, mishandling of the first specimen, etc.), an additional **F29a** form should be completed by the phlebotomist immediately preceding each additional blood draw. Apollo will allow entry of more than one **F29a** per ID/VISIT.

This form need not be completed for HIV-negative participants. It should, however, be completed for all HIV-positive participants, regardless of whether or not they take antiretroviral medications.

Question 1a: HAND THE PARTICIPANT THE CURRENT ANTIRETROVIRAL PHOTO MEDICATION CARDS.

Go through each card with the participant. For EACH medication, ask the participant ***“In the past three days, have you taken (DRUG NAME)?”*** Mark each drug to which the participant responds with a ***“Yes”*** by placing an ***“X”*** on the corresponding line.

Ensure that, in addition to her prescribed antiviral medications, the participant includes all antiviral medications that she may have been taken as part of a research study, including those in which she may have been blinded (**PROBE: unaware of whether you were taking the actual medication or a placebo**) to the treatment.

If the participant is HIV-negative, you do not need to read through the entire list of antiviral medications and can simply check the box at **Question 1b** and end the form.

The listing of antiviral medications on **F29a** is not complete. However, it does contain currently used medications to the best of our knowledge and each drug retains a unique code assigned by WDMAC. For any other antiviral medication used by the participant against HIV-1 that is not listed on **F29a**, mark the line denoted ***“Other anti-viral”*** and print the name of the drug in the specify box. Refer to the current **Drug List 1** to obtain codes for drugs not listed on **F29a** and enter the code from **Drug List 1**. If the drug is not on **Drug List 1**, check ***“Other anti-viral,”*** record the name of the drug in the specify box and enter ***“998”*** as the drug code. Bring this to the attention of the clinic coordinator/director. Notify WDMAC of any frequently used medications that do not have unique codes.

If a participant indicates that she is taking an antiviral medication, but does not know or cannot remember the name of the medication, mark the line denoted ***“Other anti-viral”*** and print ***“unknown”*** in the specify box. Enter ***“999”*** in the space provided for the three-digit drug code. If the participant reports taking more than one unknown antiretroviral medication in the three days prior to the blood draw, please list them in the specify boxes as ***“unknown1,” “unknown2,”*** etc., for tracking purposes.

Question 1b: If the participant is not taking any antiviral medications, check the box at Question 1b and end the form.

Question 1c: Enter the total number of antiretroviral medications the participant reported taking in **Question 1a**.

Question 2: For each medication the participant indicated she has taken in the past three days in **Question 1a**, ask the date and time she last took that medication and complete columns A, B, C and D.

Question 2A: Enter the three-digit drug code from **Question 1a**, e.g., if participant is taking 3-TC, enter 204; if participant is taking ddI, enter 147.

Question 2B: Enter the date the participant last took the medication. Phlebotomists should have available an appropriate calendar to aid the participant in determining dates.

Question 2C: Enter the time the participant last took a dose of the medication.

Question 2D: Circle 1 or 2 to indicate AM or PM.

Proceed with the participant's blood draw.