

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. IF PARTICIPANT IS HIV-NEGATIVE, FORM DOES NOT NEED TO BE COMPLETED.

PARTICIPANT ID: |_|_|-|_|_|_|_|-|_|_|_|_|_|_|_|-|_|_|
 WIHS STUDY VISIT: |_|_|_|
 FORM VERSION: **1 0 / 0 1 / 0 9**
 FORM COMPLETED BY: |_|_|_|_| DATE COMPLETED: |_|_|_|/|_|_|_|/|_|_|_|

HAND PARTICIPANT ANTIRETROVIRAL 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 THE 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 + Epivir)
- 240 ___ Trizivir (abacavir + AZT + 3TC)
- 253 ___ Truvada (Viread + Emtriva)
- 280 ___ Complera (FTC + RPV + TDF)
- 287 ___ Stribild (FTC + Viread + EVG + cobicistat)
- 293 ___ Triumeq (DTG + ABC + 3TC)
- 295 ___ Prezcofix (DRV + cobicistat)
- 296 ___ Evotaz (ATZ + cobicistat)

Entry Inhibitors

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

Nucleoside/Nucleotide RTIs

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

Integrase Inhibitors

- 264 ___ Isentress (raltegravir, MK 0518)
- 286 ___ Tivicay (dolutegravir)
- 284 ___ Vitekta (elvitegravir)

Non-Nucleoside RTIs

- 255 ___ Intelence (etravirine, TMC 125)
- 194 ___ Rescriptor (delavirdine)
- 220 ___ Sustiva (efavirenz)
- 191 ___ Viramune (nevirapine)
- 276 ___ Edurant (rilpivirine, TMC 278)

Protease Inhibitors

- 238 ___ Aptivus (tipranavir)
- 212 ___ Crixivan (indinavir)
- 210 ___ Invirase (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)

WIHS ID#

Specify name of "other" antiviral:	→ Drug Code: _ _ _ _
Specify name of "other" antiviral:	→ Drug Code: _ _ _ _

- b. Participant is taking NO antiviral medications.
 YES1 (END FORM)
 NO2

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.**

START F29As2

	A. Drug Code	SPECIFY Other Antiretroviral (Only if Drug Code = 998 or 999)	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

END F29As2

PROMPT: PROCEED WITH PARTICIPANT'S BLOOD DRAW.