



**A5. PROMPT: IF PARTICIPANT HAS TAKEN ANY OF THE DIABETES MEDICATIONS LISTED IN QUESTIONS A4a – A4I IN THE LAST EIGHT (8) HOURS, SHE IS NOT ELIGIBLE TO PARTICIPATE IN THE GLUCOSE TOLERANCE TEST (GTT) PORTION OF THE METABOLIC STUDY.**

IN THE LAST EIGHT (8) HOURS, HAS PARTICIPANT TAKEN ANY OF THE MEDICATIONS LISTED IN QUESTIONS A4a – A4I?

YES ..... 1 (END FORM)  
 NO ..... 2

**A6a. 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 LAST 3 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.**

I’m going to ask about any antiretroviral medications you may have taken **in the last 3 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 last 3 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, ddI)
- 240 \_\_\_ Trizivir (abacavir + AZT + 3TC)
- 234 \_\_\_ Viread (tenofovir, bis-POC-PMPA)
- 239 \_\_\_ Emtriva (Coviracil, emtricitabine, FTC)
- 253 \_\_\_ Truvada (Viread + Emtriva)
- 254 \_\_\_ Epzicom (Ziagen + Epivir)

**Non-Nucleoside RTIs**

- 194 \_\_\_ Rescriptor (delavirdine, U-90)
- 220 \_\_\_ Sustiva (efavirenz, DMP266)
- 191 \_\_\_ Viramune (nevirapine)

**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 \_\_\_ Reyataz (atazanavir, BMS-232632)
- 238 \_\_\_ Tipranavir (PNU – 140690)
- 249 \_\_\_ Lexiva (fosamprenavir)

**Entry Inhibitors**

- 233 \_\_\_ Fuzeon (T-20, enfuviramide, ENF)

**Other**

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

Name of Drug:
Name of Drug:

Drug Code:

Drug Code:

b. ENTER THE TOTAL NUMBER OF MEDICATIONS THE PARTICIPANT REPORTED TAKING IN QUESTION A6a:

**PROMPT: IF QUESTION A6b = 0, SKIP TO QUESTION A8.**



A10. ASK PARTICIPANT TO LIST ALL MEDICATIONS SHE HAS TAKEN THE MORNING OF THE OGTT, AND THE TIME SHE LAST TOOK EACH MEDICATION. COMPLETE COLUMNS a, b AND c.

**START MS01s2**

	a. DRUG NAME	b. TIME LAST TAKEN	c. 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

**END MS01s2**

A10d. ENTER THE TOTAL NUMBER OF MEDICATIONS THE PARTICIPANT REPORTED TAKING IN QUESTION A10a:      |\_|\_|

**SECTION B. FIRST BLOOD DRAW (FASTING)**

B1. TIME OF FIRST BLOOD DRAW:      |\_|\_| : |\_|\_|      AM.....1  
PM .....2

B2. PHLEBOTOMIST'S INITIALS      \_ \_ \_ \_

	<u>TEST TYPE</u>	<u>TUBE TYPE</u>	<u>VOLUME</u>	<u>a.) SPECIMEN COLLECTED?</u>		<u>b.) REQUIRED VOLUME COLLECTED?</u>		<u>c.) ESTIMATED VOLUME COLLECTED?</u>
				<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	
B3.	GLUCOSE	Gray Top	2 ml	1	2 (i)	1 (B4)	2	_ _  mls.
		IF NO, SPECIFY REASON		i. _____				
B4.	INSULIN	Red-Top (SST)	4 ml	1	2 (i)	1 (B5)	2	_ _  mls.
		IF NO, SPECIFY REASON		i. _____				

**PROMPT: PLEASE HAVE PATIENT DRINK 75G GLUCOSE LOAD WITHIN 5 MINUTES.**

B5. DID THE PARTICIPANT FULLY DRINK GLUCOSE (75G GLUCOSE LOAD)?

YES..... 1 **(B5a)**  
 NO..... 2

SPECIFY REASON: \_\_\_\_\_ **(END FORM)**

a. TIME GLUCOSE LOAD ADMINISTERED: |\_\_| |\_\_| : |\_\_| |\_\_| AM..... 1  
 PM ..... 2

**SECTION C. SECOND BLOOD DRAW (30 MINUTES)**

C1. TIME OF SECOND BLOOD DRAW: |\_\_| |\_\_| : |\_\_| |\_\_| AM..... 1  
 PM ..... 2

C2. PHLEBOTOMIST'S INITIALS \_\_\_\_\_

	<u>TEST TYPE</u>	<u>TUBE TYPE</u>	<u>VOLUME</u>	<u>a.) SPECIMEN COLLECTED?</u>		<u>b.) REQUIRED VOLUME COLLECTED?</u>		<u>c.) ESTIMATED VOLUME COLLECTED?</u>
				<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	
C3.	GLUCOSE	Gray Top	2 ml	1	2 (i)	1 (C4)	2	__   __  mls.
		IF NO, SPECIFY REASON		i. _____				
C4.	INSULIN	Red-Top (SST)	4 ml	1	2 (i)	1 (D1)	2	__   __  mls.
		IF NO, SPECIFY REASON		i. _____				

**SECTION D. THIRD BLOOD DRAW (60 MINUTES)**

D1. TIME OF THIRD BLOOD DRAW: |\_\_| |\_\_| : |\_\_| |\_\_| AM..... 1  
 PM ..... 2

D2. PHLEBOTOMIST'S INITIALS \_\_\_\_\_

	<u>TEST TYPE</u>	<u>TUBE TYPE</u>	<u>VOLUME</u>	<u>a.) SPECIMEN COLLECTED?</u>		<u>b.) REQUIRED VOLUME COLLECTED?</u>		<u>c.) ESTIMATED VOLUME COLLECTED?</u>
				<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	
D3.	GLUCOSE	Gray Top	2 ml	1	2 (i)	1 (E1)	2	__   __  mls.
		IF NO, SPECIFY REASON		i. _____				

