

**WOMENS INTERAGENCY HIV STUDY  
INTENSIVE PK STUDY  
FORM PK01: ELIGIBILITY FORM**

**THIS FORM SHOULD BE COMPLETED AT THE WIHS CORE VISIT FOR ALL WIHS PARTICIPANTS  
(EXCEPT FOR THOSE ENROLLED AT THE LA WIHS SITE).**

**SECTION A: GENERAL INFORMATION**

- A1. PARTICIPANT ID: ENTER NUMBER HERE  -  -  -   
ONLY IF ID LABEL IS NOT AVAILABLE
- A2. WIHS STUDY VISIT #:
- A3. FORM VERSION: 04/01/03
- A4. DATE OF COMPLETION:   /   /    
M D Y
- A5. INTERVIEWER'S INITIALS:

**SECTION B: ELIGIBILITY**

- B1. IS PARTICIPANT HIV-POSITIVE?  
YES..... 1  
NO..... 2 **PARTICIPANT IS INELIGIBLE FOR PK SUBSTUDY.  
SKIP TO B3.**
- B2. CHECK EACH ANTIRETROVIRAL MEDIATION BELOW THAT PARTICIPANT IS CURRENTLY TAKING. IF THE PARTICIPANT IS NOT ON ANY OF THESE MEDICATIONS, CHECK 'NONE OF THE ABOVE.'
- |   |                     |
|---|---------------------|
| <input type="checkbox"/> <i>Kaletra</i> (lopinavir/ritonavir) | <b>(ELIGIBLE)</b>   |
| <input type="checkbox"/> <i>Viracept</i> (nelfinavir)         | <b>(ELIGIBLE)</b>   |
| <input type="checkbox"/> <i>Sustiva</i> (efavirenz)           | <b>(ELIGIBLE)</b>   |
| <input type="checkbox"/> <i>Viramune</i> (nevirapine)         | <b>(ELIGIBLE)</b>   |
| <input type="checkbox"/> NONE OF THE ABOVE                    | <b>(INELIGIBLE)</b> |
- B3. OUTCOME:  
ELIGIBLE, OKAY TO CALL TO SCHEDULE APPOINTMENT ..... 1  
ELIGIBLE, DECLINED TO PARTICIPATE..... 2 **(END)**  
INELIGIBLE ..... 3 **(END)**
- B4. CIRCLE THE GROUP TO WHICH PARTICIPANT BELONGS BASED ON ANTIRETROVIRALS CHECKED IN B2. GROUP
- Participant is on *Kaletra*, *Viracept* and/or *Viramune* and NOT on *Sustiva* ..... A
- Participant is on *Sustiva* and NOT on *Kaletra*, *Viracept* and/or *Viramune* ..... B
- Participant is on *Sustiva* and ALSO on *Kaletra*, *Viracept* and/or *Viramune* ..... C

**IF PARTICIPANT IS ELIGIBLE AND HAS CONSENTED TO ENROLL IN THE  
INTENSIVE PK STUDY, REFER HER FOR GCRC VISIT. AT GCRC VISIT,  
COMPLETE AND DATA ENTER FORM *PKNOTI*.**

**DO NOT DATA ENTER FORM *PK01*.**