

**WOMENS INTERAGENCY HIV STUDY
INTENSIVE PK STUDY
FORM PK02: CURRENT ANTIRETROVIRAL MEDICATION USE**

SECTION A: GENERAL INFORMATION

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

SECTION B: ANTIRETROVIRAL MEDICATION USE

- B1. **INTRODUCTION TO PARTICIPANT:** Now, I am going to ask you a series of questions about antiretroviral medications (HIV drugs) you may have taken since your last core WIHS visit when you were scheduled for this "Intensive PK Substudy" visit.

PROMPT: HAND PARTICIPANT ANTIRETROVIRAL PHOTO MEDICATION CARDS. GO THROUGH THE CARDS WITH THE PARTICIPANT, SAYING THE NAME OF EACH DRUG ALOUD AND ASKING HER TO TELL YOU "YES" OR "NO" WHETHER SHE HAS TAKEN THIS DRUG SINCE HER LAST CORE WIHS VISIT. CHECK EACH DRUG THE PARTICIPANT REPORTS HAVING TAKEN.

- B2. Since your last core WIHS visit, have you taken . . .

<p>Nucleoside/Nucleotide RTIs</p> <p>204 <input type="checkbox"/> Epivir (3TC, lamivudine)</p> <p>218 <input type="checkbox"/> Ziagen (abacavir)</p> <p>092 <input type="checkbox"/> Retrovir (AZT, zidovudine, ZDV)</p> <p>227 <input type="checkbox"/> Combivir (AZT + 3TC)</p> <p>159 <input type="checkbox"/> Zerit (d4T, stavudine)</p> <p>094 <input type="checkbox"/> Hivid (dideoxycytidine, Zalcitabine, ddC)</p> <p>147 <input type="checkbox"/> Videx (dideoxyinosine, Didanosine, ddi)</p> <p>240 <input type="checkbox"/> Trizivir (abacavir + AZT + 3TC)</p> <p>234 <input type="checkbox"/> Viread (Tenofovir)</p> <p>239 <input type="checkbox"/> Emtriva (Coviracil, emtricitabine, FTC)</p> <p>Non-Nucleoside RTIs</p> <p>194 <input type="checkbox"/> Rescriptor (delavirdine)</p> <p>220 <input type="checkbox"/> Sustiva (efavirenz)</p> <p>191 <input type="checkbox"/> Viramune (nevirapine)</p>	<p>Protease Inhibitors</p> <p>219 <input type="checkbox"/> Agnerase (amprenavir)</p> <p>212 <input type="checkbox"/> Crixivan (indinavir)</p> <p>217 <input type="checkbox"/> Kaletra (lopinavir/ritonavir)</p> <p>216 <input type="checkbox"/> Viracept (nelfinavir)</p> <p>211 <input type="checkbox"/> Norvir (ritonavir)</p> <p>210 <input type="checkbox"/> Invirase or Fortovase (saquinavir)</p> <p>243 <input type="checkbox"/> Reyataz (atazanavir, BMS-232632)</p> <p>238 <input type="checkbox"/> Tipranvir (PNU-140690)</p> <p>Entry Inhibitors</p> <p>233 <input type="checkbox"/> Fuzeon (T-20, enfuviramide, ENF)</p> <p><input type="checkbox"/> Other antiretroviral</p> <p>Drug code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Specify: _____</p>
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PLEASE FILL OUT A PK ADHERENCE FORM (FORM PK02A) FOR EACH TARGET MEDICATION (Sustiva, Viramune, Kaletra, Viracept) CHECKED ABOVE.