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: 10/01/04

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. . .

Combination Medications

262 __ Atripla (Sustiva + Viread + Emtriva)
227 __ Combivir (AZT + 3TC)
254 __ Epzicom (Ziagen + Epivir)
240 __ Trizivir (abacavir + AZT + 3TC)
253 __ Truvada (Viread + Emtriva)

Entry Inhibitors

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

Nucleoside/Nucleotide RTIs

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

Non-Nucleoside RTIs

194 __ Rescriptor (delavirdine)
220 __ Sustiva (efavirenz)
191 __ Viramune (nevirapine)

Protease Inhibitors

219 __ Agenerase (amprenavir)
238 __ Aptivus (tipranavir)
212 __ Crixivan (indinavir)
210 __ Invirase or Fortovase (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)

B3. ENTER THE TOTAL NUMBER OF ANTIRETROVIRAL MEDICATIONS THE PARTICIPANT REPORTED TAKING IN QUESTION B2: |___|___|

PLEASE FILL OUT A PK ADHERENCE FORM (FORM *PK02A*) FOR EACH TARGET MEDICATION (Sustiva, Viramune, Kaletra, Viracept, Reyataz) CHECKED ABOVE.