

WIHS ID#

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**WIHS- VIRAL REBOUND AND RESISTANCE STUDY  
ANTIVIRAL MEDICATIONS  
VRS 4**

**COMPLETE THIS FORM FOR EACH MEDICATION FOR WHICH A DRUG FORM 1 WAS  
COMPLETED AND FOR WHICH QUESTION 4A ON DRUG FORM 1 WAS ANSWERED "YES"  
(PARTICIPANT CURRENTLY TAKES THIS DRUG).**

A1. PARTICIPANT ID: [ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]

A2. WIHS STUDY VISIT #: [ ] [ ] A2a. CORE VISIT.....1  
3 MONTH VRS VISIT.....2

A3. FORM VERSION:  $\frac{0}{M}$   $\frac{1}{M}$  /  $\frac{0}{D}$   $\frac{1}{D}$  /  $\frac{0}{Y}$   $\frac{2}{Y}$

A4. DATE OF INTERVIEW: [ ] [ ] / [ ] [ ] / [ ] [ ]  
M M D D Y Y

A5. INTERVIEWER'S INITIALS: [ ] [ ] [ ]

**PROMPT: SELECT THE SPECIFIC DRUG FOR WHICH INFORMATION WILL BE CAPTURED ON THIS FORM**

**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, ddl)
- 240  Trizivir (abacavir + AZT +3TC)
- 234  Viread (tenofovir , bis-POC-PMMPA)
- 239  Coviracil (emtricitabine, FTC)

**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  Atazanvir (BMS-232632)
- 238  Tipranavir (PNU-140690)

**Non-Nucleoside RTIs**

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

**Other**

207  Droxia or Hydria (hydroxyurea )

**Entry- Inhibitors**

233  Fuzeon (T-20, enfuviratide)

Other antiviral (from Drug List 1)

Name of Drug: [Empty box]

→Drug Code: [ ] [ ] [ ] [ ]  
(Unknown antiviral = 999)

B1. Do you have your (DRUG) with you now?

YES.....1

NO.....2

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**IF RESPONDENT BROUGHT MEDICATIONS WITH HER, ASK HER TO SHOW THEM TO YOU.**

B2. In what form do you take this medication? **(CAN COPY FROM DRUG FORM 1, 5B)**

Pills.....1

Packs .....2

Solution (Teaspoons, Drops)...3

B3. What size or dosage do you take?

**FOR PILLS, ENTER MG/PILL; FOR PACKETS, ENTER MG/PACKET; FOR SOLUTIONS, ENTER CONCENTRATION IN MG/ML. IF THIS MEDICATION COMBINES 2 OR MORE SUBSTANCES, LEAVE BLANK AND GO TO B4.**

|\_|\_|\_|\_| mg

B4. Now I'm going to ask you how you took (DRUG) in the last 24 hours.

Let's start with the last time you took this medication, and go back in time, covering the last 24 hours.

a. When was the last time you took (DRUG)? How many (Pills, Packs, ml) did you take?

b., c. When was the last time before that? How many (Pills, Packs, ml) did you take?

	Date	Time	How many (pills/packs/ml)	Observed dose?*
	MM DD YY	HH MM		
B4a.	_ _ / _ _ / _ _	_ _ : _ _ AM..1 PM..2	_ _	yes....1 no....2
B4b.	_ _ / _ _ / _ _	_ _ : _ _ AM..1 PM..2	_ _	<b>*COMPLETE ONLY</b>
B4c.	_ _ / _ _ / _ _	_ _ : _ _ AM..1 PM..2	_ _	<b>FOR 2 HOUR PK VISITS</b>

B5. **ASK NEW RECRUITS ONLY:**  
When did you start to take (DRUG)?

MM DD YY  
|\_|\_|/|\_|\_|/|\_|\_|

B6. Who prescribes (DRUG)?

Name\_\_\_\_\_

Institution\_\_\_\_\_

Street Address\_\_\_\_\_

City\_\_\_\_\_

Phone Number\_\_\_\_\_