

WIHS ID#

[Empty box for WIHS ID#]

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: 1/0 / 0/1 / 0/3
M M D D Y 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 (3-TC, lamivudine,)
218 [] Ziagen (abacavir)
092 [] Retrovir (AZT, zidovudine, ZDV)
227 [] Combivir (AZT + 3TC)
159 [] Zerit (d4T, stavudine)
094 [] Hivid (dideoxycytidine, zalcitabine, ddC)
147 [] Videx (dideoxyinosine, didanosine, ddI)
240 [] Trizivir (abacavir + AZT +3TC)
234 [] Viread (tenofovir)
239 [] Emtriva (Coviracil, emtricitabine, FTC)

Protease Inhibitors

- 219 [] Agenerase (amprenavir)
212 [] Crixivan (indinavir)
217 [] Kaletra (lopinavir/ritonavir)
216 [] Viracept (nelfinavir)
211 [] Norvir (ritonavir)
210 [] Invirase or Fortovase (saquinavir)
243 [] Reyataz (Atazanvir, BMS-232632)
238 [] Tipranavir (PNU-140690)

Non-Nucleoside RTIs

- 194 [] Rescriptor (delavirdine)
220 [] Sustiva (efavirenz)
191 [] Viramune (nevirapine)

Entry- Inhibitors

- 233 [] Fuzeon (T-20, enfuviratide, ENF)

[] Other antiviral (from Drug List 1)

Name of Drug: [Empty box for drug name]

→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

Packs2

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
	MM	DD	YY	HH	MM	
B4a.	_ _ / _ _ / _ _	_ _ :	_ _	AM..1	PM..2	_ _
B4b.	_ _ / _ _ / _ _	_ _ :	_ _	AM..1	PM..2	_ _
B4c.	_ _ / _ _ / _ _	_ _ :	_ _	AM..1	PM..2	_ _

B5. **ASK NEW RECRUITS ONLY:** MM DD YY
When did you start to take (DRUG)? |_|_|/|_|_|/|_|_|

B6. Who prescribes (DRUG)?

Name_____

Institution_____

Street Address_____

City_____

Phone Number_____