



Note: Number pages sequentially (001, 002, 003) for each participant.

MTN 015 (143)

TXR-1 (301)

Participant ID

- -

Site Number Participant Number Chk

Antiretroviral Treatment Regimen Log

1.

Medication Code <input type="text" value=""/> <input type="text" value=""/>	Date Started <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <i>dd MMM yy</i>	Staff Initials/Log Entry Date
Date Stopped <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> OR <input type="checkbox"/> Continuing at end of study <i>dd MMM yy</i>		Stop Code(s) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Dose/Units		
Frequency Mark only one. <input type="checkbox"/> <i>prn</i> <input type="checkbox"/> <i>qd</i> <input type="checkbox"/> <i>tid</i> <input type="checkbox"/> <i>qhs</i> <input type="checkbox"/> <i>qxh: every</i> <input type="text" value=""/> <i>hrs</i> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/> <i>once</i> <input type="checkbox"/> <i>bid</i> <input type="checkbox"/> <i>qid</i> <input type="checkbox"/> <i>other, specify:</i> _____		

2.

Medication Code <input type="text" value=""/> <input type="text" value=""/>	Date Started <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <i>dd MMM yy</i>	Staff Initials/Log Entry Date
Date Stopped <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> OR <input type="checkbox"/> Continuing at end of study <i>dd MMM yy</i>		Stop Code(s) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Dose/Units		
Frequency Mark only one. <input type="checkbox"/> <i>prn</i> <input type="checkbox"/> <i>qd</i> <input type="checkbox"/> <i>tid</i> <input type="checkbox"/> <i>qhs</i> <input type="checkbox"/> <i>qxh: every</i> <input type="text" value=""/> <i>hrs</i> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/> <i>once</i> <input type="checkbox"/> <i>bid</i> <input type="checkbox"/> <i>qid</i> <input type="checkbox"/> <i>other, specify:</i> _____		

3.

Medication Code <input type="text" value=""/> <input type="text" value=""/>	Date Started <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <i>dd MMM yy</i>	Staff Initials/Log Entry Date
Date Stopped <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> OR <input type="checkbox"/> Continuing at end of study <i>dd MMM yy</i>		Stop Code(s) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Dose/Units		
Frequency Mark only one. <input type="checkbox"/> <i>prn</i> <input type="checkbox"/> <i>qd</i> <input type="checkbox"/> <i>tid</i> <input type="checkbox"/> <i>qhs</i> <input type="checkbox"/> <i>qxh: every</i> <input type="text" value=""/> <i>hrs</i> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/> <i>once</i> <input type="checkbox"/> <i>bid</i> <input type="checkbox"/> <i>qid</i> <input type="checkbox"/> <i>other, specify:</i> _____		

Antiretroviral Treatment Regimen Log (TXR-1)

Purpose: This form is used to document HIV antiretroviral treatments used by the participant. Only antiretroviral treatments are recorded on this form.

General Information/Instructions: Fax this form to SCHARP DataFax each time it is modified or updated.

Item-specific Instructions:

- **Page:** Number the pages sequentially starting with page 001.
- **Medication Code:** Record the medication code from the MTN 015 Antiretroviral Medication Code List. If the antiretroviral medication is not listed, record "99" for the medication code. If the participant is involved in a ART investigational study where she is blinded to which ART medications she is using, record "98."
- **Date Started:** At minimum, a month and year are required.
- **Staff Initials/Log Entry Date:** Record the staff initials and date of the staff member who records the date started.
- **Date Stopped:** The date stopped should remain blank until the medication is stopped or held. If a date stopped is recorded, at minimum, a month and year are required. If the participant is using the medication at the time of study termination, mark the "Continuing at end of study" box and leave the "Stop Code(s)" boxes blank.
- **Stop Code(s):** Record the code(s) for the reason(s) the medication was stopped. See the MTN 015 Antiretroviral Medication Stop Code List for a listing of available stop codes. If more than four stop codes apply, record the codes for the reasons that most strongly influence the decision to stop the medication.
- **Dose/Units:** If the participant does not know the dose or units, draw a single line through the blank response boxes and initial and date. For combination medications, record the dosage of three main medications.
- **Frequency Abbreviations:**

prn as needed	qd every day	tid three times daily	qhs at bedtime
once one time	bid twice daily	qid four times daily	qhx every x hours