# FORM 1 – ANTI-VIRAL DRUGS

COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 13.A.(2).

<table>
<thead>
<tr>
<th>Name of Drug:</th>
<th>Drug Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 100 0 0 0 60 60 70 80 90 0 60 0 0 60 70 0 0</td>
</tr>
<tr>
<td></td>
<td>0 10 20 30 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

You said you were taking (DRUG) since your last visit.

1. A. Did you take this drug as part of a research study in which you may have taken a placebo (not the actual drug) or in which you were blinded to the treatment?
   - NO (GO TO Q2)
   - YES

B. Was this part of the AIDS Clinical Trial Group (ACTG)?
   - NO (STOP, GO TO NEXT DRUG)
   - YES
   - DON'T KNOW (STOP, GO TO NEXT DRUG)

C. If YES, do you know the ACTG number?
   - NO (STOP, GO TO NEXT DRUG)
   - YES

D. What is the number of that study?
   - 0 100 20 30 40 50 60 70 80 90
   - 0 1 2 3 4 5 6 7 8 9 (STOP, GO TO NEXT DRUG)

2. When did you first start taking this drug?

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tr>
<td></td>
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<td>0 0</td>
<td>0 1</td>
<td>0 2</td>
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<td>0 6</td>
<td>0 7</td>
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   (USE "15" FOR DAY IF PARTICIPANT DOES NOT KNOW ACTUAL DAY)

3. A. Are you currently taking this drug?
   - NO (GO TO Q4)
   - YES

B. Did you interrupt taking the (DRUG) since your last visit?
   - NO (GO TO Q6)
   - YES

   IF YES: For how long did you interrupt taking the (DRUG)?
   - < 1 month
   - 1 - 3 months
   - > 3 to 6 months
   - > 6 months

4. On what date did you stop taking this drug?

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
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</tr>
</tbody>
</table>

   (USE "15" FOR DAY IF PARTICIPANT DOES NOT KNOW EXACT DATE)

5. Why did you stop/interrupt taking this drug?
   - Low white blood cells
   - Bleeding
   - Dizziness/Headaches
   - Nausea/Vomiting
   - Abdominal pain (pancreatitis)
   - Muscle pain or weakness (myopathy/myositis)
   - Burning/tingling in extremities (neuropathy/neuritis)
   - Other side effects, specify:
   - Prescription changed by physician
   - Too expensive
   - Too much bother, inconvenient
   - Other, specify:

6. Was this DRUG prescribed by your doctor?
   - NO (GO TO Q11)
   - YES

7. What was the prescribed frequency?
   - Every day
   - Weekly
   - Semi-monthly
   - Monthly
   - Once
   - Other, specify:
8. We are interested in the most recent prescription from your physician. What was the dosage most recently prescribed (such as 200 mg 3 times per day = 600 mg)?

(Record participant’s complete response)

<table>
<thead>
<tr>
<th>TOTAL DAILY DOSE</th>
<th>UNITS CODE</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

Don’t Know

9. Did/do you take (Drug) as prescribed?

- NO
- YES (GO TO Q.13)

10. Did/do you take (Drug) on a different schedule than was prescribed?

- NO
- YES

11. How often did/do you actually take (Drug)?

- Every day
- Weekly
- Semi-monthly
- Monthly
- Once
- Other, specify:

12. What total daily dose did/do you take?

(Record participant’s complete response)

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Don’t Know

13. Does this use represent a change from your use of (Drug) at the time of your last visit?

- NO (GO TO NEXT DRUG)
- YES, started, no further changes (GO TO NEXT DRUG)
- YES, started and/or changed use

14. What was the nature of this change?

- Increased
- Decreased

15. On what date did this change take place?

(Use “15” for day if participant does not know exact day)

<table>
<thead>
<tr>
<th>DAY</th>
<th>YEAR</th>
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<td></td>
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16. Why did this change occur? (Mark all that apply)

- Low white blood cells
- Bleeding
- Dizziness/Headaches
- Nausea/Vomiting
- Abdominal pain (pancreatitis)
- Muscle pain or weakness (myopathy/myositis)
- Burning/tingling in extremities (neuropathy/neuritis)
- Other side effects, specify:

- Prescription changed by physician
- Too expensive
- Too much bother, inconvenient
- Other, specify: