### FORM 1 – ANTI-VIRAL DRUGS

**COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 12.A.(2).**

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<th>Name of Drug:</th>
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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

2. When did you first start taking this drug?
   - [ ] Jan
   - [ ] Feb
   - [ ] Mar
   - [ ] Apr
   - [ ] May
   - [ ] Jun
   - [ ] Jul
   - [ ] Aug
   - [ ] Sep
   - [ ] Oct
   - [ ] Nov
   - [ ] Dec
   (USE "15" FOR DAY IF PARTICIPANT DOES NOT KNOW ACTUAL DATE)

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

4. On what date did you stop taking this drug?
   - [ ] Jan
   - [ ] Feb
   - [ ] Mar
   - [ ] Apr
   - [ ] May
   - [ ] Jun
   - [ ] Jul
   - [ ] Aug
   - [ ] Sep
   - [ ] Oct
   - [ ] Nov
   - [ ] Dec
   (USE "15" FOR DAY IF PARTICIPANT DOES NOT KNOW EXACT DATE)

5. Why did you stop/interrupt taking this drug?
   - [ ] Low white blood cells
   - [ ] Anemia
   - [ ] 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:

(GO TO Q5)
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)

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<th>TOTAL DAILY DOSE</th>
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○ Don’t Know

9. Did/do you take (DRUG) as prescribed?
○ NO
○ YES (GO TO Q13)

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?

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

16. Why did this change occur?  (MARK ALL THAT APPLY)
○ Low white blood cells
○ Anemia
○ 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:

GO TO NEXT DRUG LISTED IN Q.12.A. (2)