FORM 1 - ANTI-VIRAL DRUGS

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

- AZT/ddI/ddC trial
- AZT/ddC trial
- AZT/ddI trial
- Acyclovir (ACV, Zovirax)
- AL-721
- Alpha Interferon
- Ampligen
- AZT (Azidothymidine, Compound S, Retrovir, Zidovudine, ZDV)
- Beta Interferon
- ddA (dideoxyadenosine)
- ddC (dideoxycytidine)
- ddl (dideoxyinosine, didenosine, videx)
- d4T (2'-3'-didehydro-3'-deoxythymidine)
- ddl/ddC trial
- Dextran-Sulfate
- Foscarnet (Phosphonoformate, PFA)
- HPA-23
- Isopinosine
- Peptide T
- Recombinant CD4
- Ribavirin
- Suramin
- Vidarabine (adenosine arabinoside)
- Other

Name of Drug:

1. A. Did you take this drug as part of a research study?
   - NO (GO TO Q2)
   - YES

2. B. Was this study one in which you may have taken a placebo (not the actual drug) or in which you were blinded to the treatment?
   - NO
   - YES

3. C. Was this part of the AIDS Clinical Trial Group (ACTG)?
   - NO (GO TO F)
   - YES
   - DON'T KNOW (GO TO F)

4. D. If YES, do you know the ACTG number?
   - NO (GO TO F)
   - YES

5. E. What is the number of that study?

6. F. Are you currently taking this drug as part of the research study?
   - NO
   - YES

(STOP, GO TO NEXT DRUG)
6. Why did you stop taking or decrease this drug?
(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 changes by physician
- Too expensive
- Too much bother, inconvenient
- Other, specify:

7. Did you restart or increase your use of this drug?
- NO
- YES

8. What is the most recent total daily dose that you took? For example, 200 mg 3 times per day = 600 mg.

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<th>TOTAL DAILY DOSE</th>
<th>UNITS CODE</th>
<th>(RECORD PARTICIPANT'S COMPLETE RESPONSE)</th>
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</table>

9. Are you currently taking this drug?
- NO
- YES