18 FORM 1 - ANTI-VIRAL DRUGS

COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 15.A(2).

- Acyclovir (ACV, Zovirax)
- AL-721
- Alpha Interferon
- Ampligen
- AZT (Azidothymidine, Compound S, Retrovir, Zidovudine, ZDV)
- AZT/ddC
- AZT/ddI
- AZT/ddI/ddC
- Beta Interferon
- d4T
- ddC (dideoxycytidine)
- ddI (dideoxyinosine, didanosine, videx)
- ddI/ddC
- Dextran-Sulfate
- Foscarnet (Phosphonoformate, PFA)
- Peptide T
- Recombinant CD4
- Ribavirin
- Other

Name of Drug: __________________________

Drug Code

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ID Number | Visit No. | DATE
---|---|---
0 0 0 | 0 0 | Jan 0 0 0 9 2
1 1 1 | 1 1 | Feb 1 0 1 9 3
2 2 2 | 2 2 | Mar 1 0 5 9 2
3 3 3 | 3 3 | Apr 2 0 2 9 3
4 4 4 | 4 4 | May 3 0 4 9 2
5 5 5 | 5 5 | Jun 3 0 3 9 3
6 6 6 | 6 6 | Jul 3 0 3 9 2
7 7 7 | 7 7 |
8 8 8 | 8 8 |
9 9 9 | 9 9 |

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

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

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

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

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

2. Since your last visit in (MONTH), how long have you used this (DRUG)?
- One week or less
- More than 1 week but less than 1 month
- 1 - 2 months
- 3 - 4 months
- 5 - 6 months
- More than 6 months

3. Did you alternate your use of this drug with another anti-viral drug?
- NO (GO TO Q5)
- YES

4. If YES, how often did you alternate these drugs?
- More often than weekly
- Weekly
- Every two weeks
- Monthly
- Less often than monthly (GO TO Q8)

5. Did you stop altogether or decrease your daily dose of (DRUG) since your last visit?
- NO (GO TO Q8)
- YES

Please continue on the other side.
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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(RECORD PARTICIPANT'S COMPLETE RESPONSE)

○ Don't Know

9. Are you currently taking this drug?

○ NO
○ YES