COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 18.A(2).

- 3-TC (Epivir, Lamivudine)
- Acyclovir (ACV, Zovirax)
- AZT (Zidovudine, ZDV)
- d4T (Zerit, Stavudine)
- ddC (dideoxycytidine, Hivid, Zalcitabine)
- ddI (dideoxynosine, Didanosine, Videx)
- Delavirdine
- Famcyclovir
- Foscarnet (Phosphonoformate, PFA)
- Indinavir (Crixivan)
- Nelfinavir
- Nevirapine
- Ritonavir (Norvir)
- Saquinavir (Invirase)
- Other

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)
   - DON'T KNOW (GO TO F)
   - YES

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

E. What is the number of that study?
   - 0 199 050 060 070 080 090
   - 0 10 20 30 40 50 60 70 80 90
   - 0 1 2 3 4 5 6 7 8 9

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

   IF YES: STOP IF PARTICIPANT WAS BLINDED TO THE TREATMENT; IF UNBLINDED, SKIP TO Q4.

G. [Since your last visit] In what month and year did you most recently take this drug as part of the research study?
   - Jan
   - Feb
   - Mar
   - Apr
   - May
   - June
   - July
   - Aug
   - Sept
   - Oct
   - Nov
   - Dec

   STOP IF PARTICIPANT WAS BLINDED TO THE TREATMENT AND GO TO NEXT DRUG.

2. Are you currently taking this drug [not as part of a research study]?
   - NO
   - YES (GO TO Q4)

3. [Since your last visit] In what month and year did you most recently take this drug?
   - Jan
   - Feb
   - Mar
   - Apr
   - May
   - June
   - July
   - Aug
   - Sept
   - Oct
   - Nov
   - Dec

4. Did you start taking this drug since your last visit?
   - NO (GO TO Q6)
   - YES

5. [Since your last visit] In what month and year did you start taking this drug?
   - Jan
   - Feb
   - Mar
   - Apr
   - May
   - June
   - July
   - Aug
   - Sept
   - Oct
   - Nov
   - Dec

Please continue on the other side.
6. 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

7. Did you alternate your use of this drug with another anti-viral drug?
   - NO (GO TO Q9)
   - YES

8. IF YES: How often did you alternate these drugs?
   - More often than weekly
   - Weekly
   - Every two weeks
   - Monthly
   - Less often than monthly
   - Other alternating schedule

9. Did you stop altogether or decrease your daily dose of (DRUG) since your last visit?
   - NO (GO TO Q12)
   - YES

10. Why did you stop taking or decrease this drug?
    (MARK ALL THAT APPLY)
    - Low white blood cells (low neutrophils)
    - Anemia (low red blood cells/low hemoglobin)
    - Bleeding
    - Dizziness/Headaches
    - Nausea/Vomiting
    - Abdominal pain (pancreatitis/abdominal bloating/cramps)
    - Muscle pain or weakness (myopathy/myositis/muscle cramps/spasms)
    - Burning/tingling in extremities (neuropathy/neuritis/numbness)
    - Hospitalized
    - Personal decision
    - Prescription changes by physician
    - Too expensive
    - Too much bother, inconvenient (ran out/vacation/unable to fill prescription)
    - Other, specify:

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

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

<table>
<thead>
<tr>
<th>TOTAL DAILY DOSE</th>
<th>UNITS CODE</th>
<th>(RECORD PARTICIPANT'S COMPLETE RESPONSE)</th>
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<tr>
<td>0 10 11</td>
<td>90 9</td>
<td></td>
</tr>
</tbody>
</table>

13. Since your last visit, did you take this drug on the same day as another anti-viral drug?
    - NO
    - YES