28 FORM 1—ANTI-VIRAL DRUGS

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

- 3-TC (Epivir, Lamivudine)
- AZT (Azidothymidine, Compound S, Retrovir, Zidovudine, ZDV)
- ddC (dideoxycytidine, Hivid, Zalcitabine)
- ddI (dideoxinosine, Didanosine, Videx)
- Delavirdine (Rescriptor)
- Indinavir (Crixivan)
- Nelfinavir (Viracept)
- Nevirapine (Viramune)
- Ritonavir (Norvir)
- Saquinavir (Invirase)
- Other

Name of Drug:

Drug Code:

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

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 stop taking this drug at any time since your last visit? [DOES NOT INCLUDE ALTERNATING DRUG USE]
   - NO (GO TO Q9)
   - YES

8. 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)
   - Diarrhea
   - Kidney stones
   - Rash
   - High blood sugar/Diabetes
   - High cholesterol/High triglycerides
   - Painful urination
   - Hospitalized
   - Personal decision
   - Prescription changes by physician
   - Too expensive
   - Too much bother, inconvenient (ran out/vacation/unable to fill prescription)
   - Other, specify:
     - 1)
     - 2)
     - 3)

9. On average, how often did you take your medication as prescribed?
   - 100% of the time
   - 95–99% of the time
   - 75–94% of the time
   - <75% of the time