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

- 3-TC (Epivir, Lamivudine)
- Abacavir (Ziagen)
- Adefovir (Preveon)
- Amprenavir (Crizalast)
- AZT (Retrovir, Zidovudine)
- Combivir (AZT & 3-TC)
- did (dideoxycytidine, HIVID, Zalcitabine)
- Saquinavir (Invirase, Fortovase)
- Delavirdine (Rescriptor)
- Efavirenz (Sustiva)
- Indinavir (Crixivan)
- Nelfinavir (Viracept)
- Nevirapine (Viramune)
- Ritonavir (Norvir)
- Other

**Name of Drug:**

### 1. Did you take this drug as part of a research study?

- NO  (GO TO Q2)
- YES

### 2. Is this drug a placebo (not the actual drug) or was it blinded to the treatment?

- NO
- YES

### 3. Was this part of the ACTG? (AIDS Clinical Trial Group)

- NO  (GO TO F)
- DONT KNOW  (GO TO F)
- YES

### 4. If YES, do you know the ACTG number?

- NO  (GO TO F)
- YES

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

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### 6. Are you currently taking this drug as part of the research study?

- NO
- YES

**Drug Code:**

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**DATE**

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**ID Number**

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

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. Have you experienced any of the following side effects from 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
   - High blood pressure
   - Fat maldistribution
   - Other, specify:
     1) 
     2) 
     3) 

8. Did you stop taking this drug at any time since your last visit? [DOES NOT INCLUDE ALTERNATING DRUG USE]
- NO (GO TO Q10)
- YES

9. Why did you stop taking 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
   - High blood pressure
   - Fat maldistribution
   - Increased viral load
   - Decreased viral load
   - 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) 

10. 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