COMPLETED THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 15.B(3).

<table>
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<tr>
<th>ID Number</th>
<th>Visit No.</th>
<th>DATE</th>
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- 3-TC (Epivir, Lamivudine)
- Abacavir (Ziagen)
- Amprenavir (Agenerase)
- AZT (Retrovir, Zidovudine)
- Atazanavir (BMS-232632)
- Combivir (AZT & 3-TC)
- ddT (Zerit, Stavudine)
- ddC (dideoxyctydine, HIVID, Zalcitabine)
- ddI (dideoxynosine, Didanosine, Videx)
- Delavirdine (Rescriptor)
- Efavirenz (Sustiva)
- Indinavir (Crixivan)
- Lopinavir/rit (Kaletra)
- Nelfinavir (Viracept)
- Nevirapine (Viramune)
- Ritonavir (Norvir)
- Saquinavir (Invirase, Fortovase)
- Tenofvir
- Trizivir (abacavir + zidovudine + lamivudine)
- T-20
- 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

2. 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
   - DON'T KNOW
   - YES

D. 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.

E. [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

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4. According to your doctor, how many times a day should you take (DRUG)? [IF NOT CURRENTLY TAKING DRUG, USE MOST RECENT TIME]

5. According to your doctor, how many pills should you take each time?

Please continue on the other side.
6. Did you start taking this drug since your last visit?
   ☐ NO (GO TO Q8)  ☐ YES

7. [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
   93  94  95  96  97  98  99  00  01  02

8. Since your last visit in (MONTH), how long have you used (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

9. Have you experienced any of the following side effects while taking (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
   ☐ Abnormal changes in body fat
   ☐ Vivid nightmares or dreams
   ☐ Liver toxicity (abnormal liver function test)
   ☐ Insomnia or problems sleeping
   ☐ 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)
   ☐ Changed to another drug in order to decrease the number of pills or dosing frequency
   ☐ Other, specify:
      1) ___________________________
      2) ___________________________
      3) ___________________________
   ☐ None of the above

10. Did you stop taking this drug at any time since your last visit? [DOES NOT INCLUDE ALTERNATING DRUG USE]
   ☐ NO (GO TO Q12)  ☐ YES

11. 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
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   ☐ Decreased viral load
   ☐ Hospitalized
   ☐ Personal decision
   ☐ Prescription changes by physician
   ☐ Too expensive
   ☐ Too much bother, inconvenient (ran out/vacation/unable to fill prescription)
   ☐ Changed to another drug in order to decrease the number of pills or dosing frequency
   ☐ Other, specify:
      1) ___________________________
      2) ___________________________
      3) ___________________________
   ☐ None of the above

12. 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