**Form 1—Anti-viral Drugs**

Complete the following for each drug listed in question 15.B(3).

**1.** 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**
   - **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?

**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]

**IF YES, BUT DRUG WAS PREVIOUSLY TAKEN AS PART OF A TRIAL, REMEMBER TO COMPLETE A SECOND DRUG FORM.**

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**ID Number | Visit No. | Date**
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**Drug Code**

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**Name of Drug:**

- 3-TC (Epivir, Lamivudine)
- Abacavir (Ziagen)
- Amprenavir (Agenerase)
- AZT (Retrovir, Zidovudine)
- Atazanavir (BMS-232632)
- Combivir (AZT & 3-TC)
- ddC (Dideoxycytidine, HIVID, Zalcitabine)
- ddi (Dideoxyinosine, Didanosine, Videx)
- Delavirdine (Rescriptor)
- Efavirenz (Sustiva)
- ddI (Dideoxyinosine, Didanosine, Videx)

**Drug Code**

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3. [Since your last visit] In what month and year did you most recently take this drug?

4. Do you take this drug orally by pill or receive it by injection?
   - **pill**
   - **injection**

**IF BY INJECTION, SKIP TO Q7.**

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

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

**Number of times per day, week, or month do you inject this drug?**

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Please continue on the other side.
8. Did you start taking this drug since your last visit?
   ○ NO  (GO TO Q10)  ○ YES

9. Since your last visit, in what month and year did you start taking this drug?
   [Date]

10. 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 (includes 2 months and longer, but less than 3 months)
    ○ 3–4 months (includes 4 months and longer, but less than 5 months)
    ○ 5–6 months
    ○ More than 6 months

11. 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)
    ○ Blood in urine
    ○ 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
    ○ Renal failure
    ○ 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
    ○ Other, specify:

12. Did you stop taking this drug at any time since your last visit? [DOES NOT INCLUDE ALTERNATING DRUG USE]
    ○ NO  (GO TO Q14)  ○ YES

13. Why did you stop taking this drug? (MARK ALL THAT APPLY)
    ○ Low white blood cells (low neutrophils)
    ○ Anemia (low red blood cells/low hemoglobin)
    ○ Blood in urine
    ○ 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
    ○ Renal failure
    ○ 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:

14. 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

15. Why did you stop taking this drug in the past? (MARK ALL THAT APPLY)
    ○ Low white blood cells (low neutrophils)
    ○ Anemia (low red blood cells/low hemoglobin)
    ○ Blood in urine
    ○ 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
    ○ Renal failure
    ○ 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:

16. How many months have you been taking this drug for?
    ○ One month or less
    ○ More than one month but less than 2 months
    ○ 2–3 months
    ○ 3–4 months
    ○ 4–6 months
    ○ More than 6 months