40  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 RESF1_40

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 PLCF1_40

C. Was this part of the AIDS Clinical Trial Group (ACTG)?
   ○ NO ○ DON'T KNOW ACTF1_40
   ○ YES

D. Are you currently taking this drug as part of the research study?
   ○ NO ○ YES RNWF1_40

E. [Since your last visit] In what month and year did you most recently take this drug?
   ○ AVRM_40
   ○ AVRSY_40

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 per day, week, or month should you take (DRUG)? [IF NOT CURRENTLY TAKING DRUG, USE MOST RECENT TIME]
   ○ Number of times per day:
   ○ Number of times per week:
   ○ Number of times per month:

6. According to your doctor, how many pills should you take each time?
   ○ NPILT_40

7. How many times per day, week, or month do you inject this drug?
   ○ Number of times per day:
   ○ Number of times per week:
   ○ Number of times per month:

Please continue on the other side.
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
- 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)
- Bleeding
- Dizziness/Headaches
- Nausea/Vomiting
- Abdominal pain (pancreatitis/abdominal bloating/cramps)
- Muscle pain or weakness (myopathy/myositis/muscle cramps/spasms)
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- Vivid nightmares or dreams
- Liver toxicity (abnormal liver function test)
- Insomnia or problems sleeping
- 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