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

- 3-TC (Epivir, Lamivudine)
- Abacavir (Ziagen)
- Amprenavir (Agenerase)
- AZT (Retrovir, Zidovudine)
- Atazanavir (Reyataz, BMS-232632)
- Combivir (AZT & 3-TC)
- d4T (Zerit, Stavudine)
- ddI (Dideoxyinosine, Didanosine, Videx)
- Delavirdine (Rescriptor)
- Efavirenz (Sustiva)
- Emtriva (Emtricitabine, Coviracil, FTC)
- Epzicom (Abacavir + Lamivudine)
- Lexiva (Fosamprenavir)
- Emtriva (Emtricitabine, Coviracil, FTC)
- Epzicom (Abacavir + Lamivudine)
- Lexiva (Fosamprenavir)
- 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. Are you currently taking this drug [not as part of a research study]? 
   - NO (GO TO Q3)
   - YES (GO TO Q4)

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

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]

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

7. How many times per day, week, or month do you inject this drug?
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?
   - [ ] J
   - [ ] F
   - [ ] M
   - [ ] A
   - [ ] J
   - [ ] A
   - [ ] S
   - [ ] O
   - [ ] N
   - [ ] D
   - [ ] 94
   - [ ] 95
   - [ ] 96
   - [ ] 97
   - [ ] 98
   - [ ] 99
   - [ ] 00
   - [ ] 01
   - [ ] 02
   - [ ] 03
   - [ ] 04
   - [ ] 05

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
    - 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) ________________________________

12. Did you stop taking this drug, for 2 days or longer, 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:
      1) ________________________________
      2) ________________________________
      3) ________________________________

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