**FORM 1—ANTI-VIRAL DRUGS**

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

<table>
<thead>
<tr>
<th>Drug Code</th>
<th>Name of Drug</th>
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<tbody>
<tr>
<td>MACSID</td>
<td>VISIT_42</td>
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<tr>
<td>VISIT_42</td>
<td>DATE</td>
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<tr>
<td>ID Number</td>
<td>Visit No.</td>
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<tr>
<td>Date</td>
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<td>DAY</td>
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<td>Nov</td>
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You said you were taking (DRUG) since your last visit:

1. Did you take this drug as part of a research study?
   - NO [GO TO Q2]
   - YES [RESF1_42]

2. Are you currently taking this drug as part of a research study?
   - NO [GO TO Q3]
   - YES [AVRNW_42]

3. [Since your last visit] In what month and year did you most recently take this drug?
   - [AVRM_42]
   - [AVRY_42]

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]
   - [PREST_42]
   - [PRES1_42]

6. According to your doctor, how many pills should you take each time?
   - [NPILT_42]

7. How many times per day, week, or month do you inject this drug?
   - [TINJD_42]
   - [INJDU_42]
8. Did you **start** taking this drug since your last visit? 
   - NO  **[GO TO Q10]**  
   - YES  **START_42**

9. Since your last visit, in what month and year did you start taking this drug?  
   - AVSM_42  
   - AVSY_42

10. Since your last visit, in (MONTH), how long have you used (DRUG)?  
    - One week or less  **LENAV_42**  
    - 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)  **SEWBC_42**  
    - Anemia (low red blood cells/low hemoglobin)  **SEANE_42**  
    - Blood in urine  **SEBLU_42**  
    - Bleeding  **SEBLD_42**  
    - Dizziness/Headaches  **SEHED_42**  
    - Nausea/Vomiting  **SEVOT_42**  
    - Abdominal pain (pancreatitis/abdominal bloating)  **SEABP_42**  
    - Muscle pain or weakness (myopathy/myositis/muscle cramps/spasms)  **SEMPW_42**  
    - Burning/tingling in extremities (neuropathy/neuritis/numbness)  **SEBTE_42**  
    - Diarrhea  **SEDIA_42**  
    - Kidney stones  **SEKID_42**  
    - Renal failure  **SEREN_42**  
    - Rash  **SEAS_42**  
    - High blood sugar/Diabetes  **SEDM_42**  
    - High cholesterol/High triglycerides  **SECHO_42**  
    - Painful urination  **SEURN_42**  
    - High blood pressure  **SEHBP_42**  
    - Abnormal changes in body fat  **SEFAT_42**  
    - Vivid nightmares or dreams  **SEVNO_42**  
    - Liver toxicity (abnormal liver function test)  **SELTX_42**  
    - Insomnia or problems sleeping  **SEIPS_42**  
    - Other, specify:  
      1)  **SEOT1_42**  
      2)  **SEOT2_42**  
      3)  **SEOT3_42**  
    - None of the above  **SENOA_42**

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  **DECAV_42**

13. Why did you stop taking this drug?  
    (MARK ALL THAT APPLY)  
    - Low white blood cells (low neutrophils)  **STWBC_42**  
    - Anemia (low red blood cells/low hemoglobin)  **STANE_42**  
    - Blood in urine  **STBLU_42**  
    - Bleeding  **STBLD_42**  
    - Dizziness/Headaches  **STHED_42**  
    - Nausea/Vomiting  **STVOT_42**  
    - Abdominal pain (pancreatitis/abdominal bloating)  **STABP_42**  
    - Muscle pain or weakness (myopathy/myositis/muscle cramps/spasms)  **STMPW_42**  
    - Burning/tingling in extremities (neuropathy/neuritis/numbness)  **STBTE_42**  
    - Diarrhea  **STDIA_42**  
    - Kidney stones  **STKID_42**  
    - Renal failure  **STREN_42**  
    - Rash  **STRAS_42**  
    - High blood sugar/Diabetes  **STDG_42**  
    - High cholesterol/High triglycerides  **STCHO_42**  
    - Painful urination  **STURN_42**  
    - High blood pressure  **STHBP_42**  
    - Abnormal changes in body fat  **STFAT_42**  
    - Vivid nightmares or dreams  **STVNO_42**  
    - Liver toxicity (abnormal liver function test)  **STLTX_42**  
    - Insomnia or problems sleeping  **STIPS_42**  
    - Increased viral load  **SINV_42**  
    - Decreased viral load  **SDCV_42**  
    - Hospitalized  **STHOS_42**  
    - Personal decision  **STPER_42**  
    - Prescription changes by physician  **STDPC_42**  
    - Too expensive  **STESEP_42**  
    - Too much bother, inconvenient (ran out/vacation/unable to fill prescription)  **STINC_42**  
    - Changed to another drug in order to decrease number of pills or dosing frequency  **STCGD_42**  
    - Other, specify:  
      1)  **STOT1_42**  
      2)  **STOT2_42**  
      3)  **STOTS_42**  
    - None of the above  **STNOA_42**

14. On average, how often did you take your medication as prescribed?  
    - 100% of the time  **MDPRES_42**  
    - 95–99% of the time  
    - 75–94% of the time  
    - <75% of the time