### 43 FORM 1—ANTIRETROVIRAL DRUGS

#### Completing the Form

**A. Did you take this drug as part of a research study?**

- **NO** (GO TO Q2)
- **YES** RESF1_43

**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_43

**C. Was this part of the AIDS Clinical Trial Group (ACTG) study?**

- **NO**
- **DON'T KNOW**
- **YES** ACTF1_43

**D. Are you currently taking this drug as part of the research study?**

- **NO** (GO TO Q2)
- **YES** STOP, IF BLENDED, GO TO Q4, IF UNBLENDED.

**E. [Since your last visit] In what month and year did you most recently take this drug as part of the research study?**

   - **AVRSM_43**
   - **AVRSY_43**

**F. Have you taken this drug by mouth or received it by injection?**

   - **by mouth (pill)**
   - **injection**

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

**G. According to your doctor, how many times per day, week, or month should you take this drug?**

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

**I. How many times per day, week, or month do you inject this drug?**

**J. How many pills should you take each time?**

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

**L. How many times per day, week, or month do you inject this drug?**

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

**N. How many times per day, week, or month do you inject this drug?**

**O. How many pills should you take each time?**

---

**Other drugs:***

- abacavir (Ziagen) (218)
- ampranavir (Agenerase) (219)
- atazanavir (Reyataz) (243)
- Combivir (zidovudine & lamivudine) (227)
- delavirdine (Rescriptor) (194)
- didanosine (Videx) (147)
- efavirenz (Sustiva) (220)
- emtricitabine (Emtriva, FTC) (239)
- enfuvirtide (Fuzeon, T-20, pentafuside) (233)
- Epzicom (abacavir, lamivudine) (254)
- fosamprenavir (Lexiva) (249)
- indinavir (Crixivan) (212)

---

**You said you were taking (DRUG) since your last visit:**

- **NO**
- **YES**

**[Since your last visit] In what month and year did you most recently take this drug as part of the research study?**

- **AVRSM_43**
- **AVRSY_43**

**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]**

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

**According to your doctor, how many times per day, week, or month do you inject this drug?**

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

---

**Please continue on the other side.**
8. Did you start taking this drug since your last visit?  
   - NO  (GO TO Q10)  - YES  START_43

9. [Since your last visit] In what month and year did you start taking this drug?  
   - AVSM_43  AVSY_43

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  
   - LENAV_43

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)  
   - Diarrhea  
   - Diarrhea  
   - Muscle pain or weakness (myopathy/myositis/cramps/spasms)  
   - Burning/tingling in extremities (neuropathy/neuritis/numbness)  
   - Kidney stones  
   - Kidney 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  
   - Fatigue  
   - 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  
   - Study ended  
   - Other, specify:  
     - 1) ___________________________  STOT1_43  
     - 2) ___________________________  STOT2_43  
     - 3) ___________________________  STOT3_43

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_43

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/spasms)  
   - Diarrhea  
   - Muscle pain or weakness (myopathy/myositis/cramps/spasms)  
   - Burning/tingling in extremities (neuropathy/neuritis/numbness)  
   - Kidney stones  
   - Kidney 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  
   - Fatigue  
   - 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  
   - Study ended  
   - Other, specify:  
     - 1) ___________________________  STOT1_43  
     - 2) ___________________________  STOT2_43  
     - 3) ___________________________  STOT3_43

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  
   - MDPRE_43