Form 1—Antiretroviral Drugs

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

<table>
<thead>
<tr>
<th>Name of Drug:</th>
<th>Drug Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>abacavir (Ziagen)</td>
<td>218</td>
</tr>
<tr>
<td>amprenavir (Agenerase)</td>
<td>219</td>
</tr>
<tr>
<td>atazanavir (Reyataz)</td>
<td>243</td>
</tr>
<tr>
<td>Combivir (zidovudine &amp; lamivudine)</td>
<td>227</td>
</tr>
<tr>
<td>d4T (Zerit, Stavudine)</td>
<td>159</td>
</tr>
<tr>
<td>delavirdine (Rescriptor)</td>
<td>194</td>
</tr>
<tr>
<td>didanosine (Videx)</td>
<td>147</td>
</tr>
<tr>
<td>efavirenz (Sustiva)</td>
<td>220</td>
</tr>
<tr>
<td>emtricitabine (Emtriva, FTC)</td>
<td>239</td>
</tr>
<tr>
<td>enfuvirtide (Fuzeon, T-20, pantenafoside)</td>
<td>233</td>
</tr>
<tr>
<td>Epzicom (abacavir, lamivudine)</td>
<td>254</td>
</tr>
<tr>
<td>fosamprenavir (Lexiva)</td>
<td>249</td>
</tr>
<tr>
<td>indinavir (Crixivan)</td>
<td>212</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

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

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) study?
   - NO
   - DON'T KNOW
   - YES

D. Are you currently taking this drug as part of the research study?
   - NO [GO TO E.]
   - YES

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

<table>
<thead>
<tr>
<th>M</th>
<th>A</th>
<th>M</th>
<th>J</th>
<th>J</th>
<th>S</th>
<th>O</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>96</td>
<td>97</td>
<td>98</td>
<td>99</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
</tbody>
</table>

   [IF BLINDED, STOP. GO TO NEXT DRUG. IF UNBLINDED, GO TO Q2.]

2. Are you currently taking this drug [not as part of a research study]?
   - NO [GO TO Q3]
   - YES [GO TO Q4]

   [IF YES, BUT DRUG WAS PREVIOUSLY TAKEN AS PART OF A STUDY, YOU MUST COMPLETE THIS FORM FOR RESEARCH USE AND COMPLETE ANOTHER FORM FOR NON-RESEARCH DRUG USE.]

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

<table>
<thead>
<tr>
<th>J</th>
<th>F</th>
<th>M</th>
<th>A</th>
<th>G</th>
<th>J</th>
<th>A</th>
<th>S</th>
<th>O</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>96</td>
<td>97</td>
<td>98</td>
<td>99</td>
<td>00</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
</tbody>
</table>

4. Do you take this drug by mouth or receive it by injection?
   - by mouth (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]

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>OF</td>
<td>or</td>
</tr>
<tr>
<td>TIMES</td>
<td>Week</td>
</tr>
<tr>
<td>PER</td>
<td>or</td>
</tr>
<tr>
<td>Month</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>OF</td>
<td>or</td>
</tr>
<tr>
<td>TIMES</td>
<td>Week</td>
</tr>
<tr>
<td>PER</td>
<td>or</td>
</tr>
<tr>
<td>Month</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>OF</td>
<td>or</td>
</tr>
<tr>
<td>TIMES</td>
<td>Week</td>
</tr>
<tr>
<td>PER</td>
<td>or</td>
</tr>
<tr>
<td>Month</td>
<td></td>
</tr>
</tbody>
</table>

Please continue on the other side.
8. Did you \textbf{start} taking this drug since your last visit?  
\begin{itemize}
  \item \textbf{NO} \hspace{1cm} \textbf{YES}
\end{itemize}

9. \textbf{Since your last visit} in what month and year did you start taking this drug?  
\begin{itemize}
  \item January
  \item February
  \item March
  \item April
  \item May
  \item June
  \item July
  \item August
  \item September
  \item October
  \item November
  \item December
\end{itemize}

10. Since your last visit in (MONTH), how long have you used (DRUG)?  
\begin{itemize}
  \item One week or less
  \item More than 1 week but less than 1 month
  \item 1–2 months (includes 2 months and longer, but less than 3 months)
  \item 3–4 months (includes 4 months and longer, but less than 5 months)
  \item 5–6 months
  \item More than 6 months
\end{itemize}

11. Did you \textbf{stop} taking this drug, for 2 days or longer, at any time since your last visit? \textbf{[DOES NOT INCLUDE ALTERNATING DRUG USE]}
\begin{itemize}
  \item \textbf{NO} \hspace{1cm} \textbf{YES}
\end{itemize}

12. Why did you \textbf{stop} taking this drug?  
\textbf{(MARK ALL THAT APPLY)}
\begin{itemize}
  \item Low white blood cells (low neutrophils)
  \item Anemia (low red blood cells/low hemoglobin)
  \item Blood in urine
  \item Bleeding
  \item Dizziness/Headaches
  \item Nausea/Vomiting
  \item Abdominal pain (pancreatitis/abdominal bloating/cramps)
  \item Diarrhea
  \item Muscle pain or weakness (myopathy/myositis/muscle cramps/spasms)
  \item Burning/tingling in extremities (neuropathy/neuritis/numbness)
  \item Kidney stones
  \item Kidney failure
  \item Rash
  \item High blood sugar/Diabetes
  \item High cholesterol/High triglycerides
  \item Painful urination
  \item High blood pressure
  \item Abnormal changes in body fat
  \item Vivid nightmares or dreams
  \item Liver toxicity (abnormal liver function test)
  \item Insomnia or problems sleeping
  \item Fatigue
  \item Increased viral load
  \item Decreased viral load
  \item Hospitalized
  \item Personal decision
  \item Prescription changes by physician
  \item Too expensive
  \item Too much bother, inconvenient (ran out/vacation/unable to fill prescription)
  \item Changed to another drug in order to decrease the number of pills or dosing frequency
  \item Study ended
  \item Other, specify:
  \begin{enumerate}
    \item ____________________________________________
    \item ____________________________________________
    \item ____________________________________________
  \end{enumerate}
\end{itemize}

13. On average, how often did you \textbf{take} your medication as prescribed?  
\begin{itemize}
  \item 100% of the time
  \item 95–99% of the time
  \item 75–94% of the time
  \item <75% of the time
\end{itemize}