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_44)

2. Are you currently taking this drug [not as part of a research study]?
   - NO (GO TO Q3)
   - YES (AVNW_44)

3. [Since your last visit] In what month and year did you most recently take this drug as part of the research study?
   - STOP, IF BLINDED. GO TO Q4, IF UNBLINDED.

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

6. According to your doctor, how many pills should you take each time?
   - IF BY MOUTH, SKIP TO Q8.

7. How many times per day, week, or month do you inject this drug?
   - STOP, IF BLINDED. GO TO NEXT DRUG. IF UNBLINDED, GO TO Q2.
13. 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

8. Did you start taking this drug since your last visit?
- NO  [GO TO Q10]  
- YES  START_44

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

- J  
- F  
- M  
- A  
- M  
- J  
- A  
- S  
- O  
- N  
- D  
- A  
- V  
- S  
- M  
- A  
- V  
- S  
- Y  
- 44

10. Since your last visit in (MONTH), how long have you used (DRUG)?
- One week or less  LENAV_44  
- 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. 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 Q13]  
- YES  DECAV_44

12. Why did you stop taking this drug? (MARK ALL THAT APPLY)

- Low white blood cells (low neutrophils)  STWBC_44  
- Anemia (low red blood cells/low hemoglobin)  STBLU_44  
- Blood in urine  STBLD_44  
- Bleeding  STHED_44  
- Dizziness/Headaches  STVOT_44  
- Nausea/Vomiting  STABP_44  
- Abdominal pain (pancreatitis/abdominal bloating)  STDIA_44  
- Diarrhea  STMPW_44  
- Muscle pain or weakness (myopathy/myositis/myalgia)  STBTE_44  
- Burning/tingling in extremities (neuropathy/neuritis/numbness)  STKID_44  
- Kidney stones  STREN_44  
- Kidney failure  STRAS_44  
- Rash  STDM_44  
- High blood sugar/Diabetes  STCHO_44  
- High cholesterol/High triglycerides  STURN_44  
- Painful urination  STHBP_44  
- High blood pressure  STFAT_44  
- Abnormal changes in body fat  STNVD_44  
- Vivid nightmares or dreams  STLTX_44  
- Liver toxicity (abnormal liver function test)  STIPS_44  
- Insomnia or problems sleeping  STFTG_44  
- Fatigue

- Increased viral load  SINV_44  
- Decreased viral load  SDCVL_44  
- Hospitalized  STHOS_44  
- Personal decision  STPER_44  
- Prescription changes by physician  STDOC_44  
- Too expensive  STEXP_44  
- Too much bother, inconvenient (ran out/vacation to fill prescription)  STINC_44  
- Changed to another drug in order to decrease number of pills or dosing frequency  STCGD_44  
- Study ended  STEND_44  
- Other, specify:

1) ________ STOT1_44  
2) ________ STOT2_44  
3) ________ STOT3_44  

13. On average, how often did you take your medication as prescribed?

- 100% of the time  MDPRE_44  
- 95–99% of the time  
- 75–94% of the time  
- <75% of the time