New Enrollment Baseline
FORM 1—ANTI-VIRAL DRUGS

COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 21.B(1) IF TAKEN IN LAST 6 MONTHS.

<table>
<thead>
<tr>
<th>ID Number</th>
<th>Visit No.</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 0 0</td>
<td>3 6 5</td>
<td></td>
</tr>
</tbody>
</table>

- 3-TC (Epivir, Lamivudine)
- Abacavir (Ziagen)
- Amprenavir (Agenerase)
- AZT (Retrovir, Zidovudine)
- Atazanavir (BMS-232632)
- Combivir (AZT & 3-TC)
- d4T (Zerit, Stavudine)
- ddC (dideoxyctydine, HIVID, Zalcitabine)
- ddI (dideoxynosine, Didanosine, Videx)
- Delavirdine (Rescriptor)
- Elavirenz (Sustiva)
- Indinavir (Crixivan)
- Lopinavir/rit (Kaletra)
- Nelfinavir (Viracept)
- Nevirapine (Viramune)
- Ritonavir (Norvir)
- Saquinavir (Invirase, Fortovase)
- Tenofovir (Viread)
- Trizivir (abacavir + zidovudine + lamivudine)
- T-20
- Other

You said you were taking (DRUG) during the last 6 months:

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)?
- NO  DON'T KNOW
- YES

D. Are you currently taking this drug as part of the research study?
- NO
- YES

IF YES: STOP IF PARTICIPANT WAS BLINDED TO THE TREATMENT; IF UNBLINDED, SKIP TO Q4.

E. [During the last 6 months] In what month and year did you most recently take this drug as part of the research study?

- Jan
- Feb
- Mar
- Apr
- May
- June
- July
- Aug
- Sept
- Oct
- Nov
- Dec

4. According to your doctor, how many times a day should you take (DRUG)? [IF NOT CURRENTLY TAKING DRUG, USE MOST RECENT TIME]

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

Please continue on the other side.
6. Did you start taking this drug in the last 6 months?
   - NO (GO TO Q8)
   - YES

7. [During the last 6 months] In what month and year did you start taking this drug?
   - Jan
   - Feb
   - Mar
   - Apr
   - May
   - June
   - July
   - Aug
   - Sept
   - Oct
   - Nov
   - Dec

8. During the last 6 months, how long have you used (DRUG)?
   - One week or less
   - More than 1 week but less than 1 month
   - 1–2 months
   - 3–4 months
   - 5–6 months
   - More than 6 months

9. 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)
   - 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
   - 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) 

10. Did you stop taking this drug at any time during the last 6 months? [DOES NOT INCLUDE ALTERNATING DRUG USE]
    - NO (GO TO Q12)
    - YES

11. Why did you stop taking this drug?
    (MARK ALL THAT APPLY)
    - Low white blood cells (low neutrophils)
    - Anemia (low red blood cells/low hemoglobin)
    - 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
    - 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. 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