

MACS VISIT 13 **FORM I - ANTI-VIRAL DRUGS**

COMPLETE THE FOLLOWING FOR EACH DRUG CIRCLED IN QUESTION 11.A.2 PLACE A CHECK NEXT TO THE ANSWER WHICH CORRESPONDS TO THE PARTICIPANTS RESPONSE OR COMPLETE WHERE INDICATED

Name of drug: _____

Drug Code: _____

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

1. A. Did you take this drug as part of a research study in which you may have taken a placebo (not the actual drug) or in which you were blinded to the treatment?

_____ (1) NO (GO TO Q2)

_____ (2) YES

- B. Was this part of the AIDS Clinical Trial Group (ACTG)?

_____ (1) NO (STOP, GO TO NEXT DRUG)

_____ (2) YES

_____ (3) DON'T KNOW (STOP,
GO TO NEXT DRUG)

- C. If YES, do you know the ACTG number?

_____ (1) NO (STOP, GO TO NEXT DRUG)

_____ (2) YES

- D. What is the number of that study?

(STOP, GO TO NEXT DRUG)

2. When did you first start taking this drug?
(USE "15" FOR DAY IF PARTICIPANT DOES
NOT KNOW ACTUAL DAY)

____ / ____ / ____
M M D D Y Y

3. Are you currently taking this drug?

_____ (1) No

_____ (2) Yes (GO TO Q6)

4. On what date did you stop taking this drug?
(USE "15" FOR DAY IF PARTICIPANT
DOES NOT KNOW EXACT DATE)

____ / ____ / ____
M M D D Y Y

5. Why did you stop taking this drug? (CHECK ALL THAT APPLY)

- ☐ Low white blood cells
- ☐ Bleeding
- ☐ Dizziness/Headaches
- ☐ Nausea/Vomiting
- ☐ Abdominal pain (pancreatitis)
- ☐ Muscle pain or weakness (myopathy/myositis)
- ☐ Burning/tingling in extremities
(Neuropathy/neuritis)
- ☐ Other side effects,
specify: _____
- ☐ Prescription changed by physician
- ☐ Too expensive
- ☐ Too much bother, inconvenient
- ☐ Other, specify: _____

6. Was this DRUG prescribed by your doctor? ☐ (1) NO (GO TO Q10)
☐ (2) YES

7. What was the prescribed frequency?

- ☐ (1) Every day
- ☐ (2) Weekly
- ☐ (3) Semi-monthly
- ☐ (4) Monthly
- ☐ (5) Once
- ☐ (6) Other, specify: _____

8. We are interested in the most recent prescription from your physician. What was the dosage most recently prescribed (such as 200mg 3 times per day = 600mg)?
(RECORD PARTICIPANT'S COMPLETE RESPONSE)

Total Daily Dose: _____
Units Code: _____
☐ Don't Know

9. Did/do you take (DRUG) as prescribed? ☐ (1) NO
☐ (2) YES (GO TO Q12)

10. Did/do you take (DRUG) on a different schedule than was prescribed?
☐ (1) NO
☐ (2) YES

11. How often did/do you actually take (DRUG)?

- ☐ (1) Every day
☐ (2) Weekly
☐ (3) Semi-monthly
☐ (4) Monthly
☐ (5) Once
☐ (6) Other, specify: _____

12. What total daily dose did/do you take?
 (RECORD PARTICIPANT'S COMPLETE RESPONSE)

_____ Total Daily Dose: _____
 _____ Units: _____

___ Don't know

13. Does this use represent a change from your use of (DRUG) at the time of your last visit?

- ☐ (1) NO (GO TO NEXT DRUG)
☐ (2) YES, started, no further changes (GO TO NEXT DRUG)
☐ (3) YES, started, further changes
☐ (4) YES, changes

14. What was the nature of this change?

- ☐ (1) Increased
☐ (2) Decreased

15. On what date did this change take place?
 (USE "15" FOR DAY IF PARTICIPANT DOES
 NOT KNOW ACTUAL DAY)

_____ / _____ / _____
 M M D D Y Y

16. Why did this change occur? (CHECK ALL THAT APPLY)

- ☐ Low white blood cells
☐ Bleeding
☐ Dizziness/Headaches
☐ Nausea/Vomiting
☐ Abdominal pain (pancreatitis)
☐ Muscle pain or weakness (myopathy/myositis)
☐ Burning/tingling in extremities
 (neuropathy/neuritis)
☐ Other side effects,
 specify: _____
☐ Prescription changed by physician
☐ Too expensive
☐ Too much bother, inconvenient
☐ Other, specify: _____

GO TO NEXT DRUG CIRCLED IN Q.11.A.