

**COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 15.A(2).**

- ☐ Acyclovir (ACV, Zovirax)
  - ☐ AL-721
  - ☐ Alpha Interferon
  - ☐ Ampligen
  - ☐ AZT (Azidothymidine, Compound S, Retrovir, Zidovudine, ZDV)
  - ☐ AZT/ddC
  - ☐ AZT/ddI
  - ☐ AZT/ddI/ddC
  - ☐ Beta Interferon
  - ☐ d4T
  - ☐ ddC (dideoxycytidine)
  - ☐ ddI (dideoxyinosine, didanosine, videx)
  - ☐ ddI/ddC
  - ☐ Dextran-Sulfate
  - ☐ Foscarnet (Phosphonoformate, PFA)
  - ☐ Peptide T
  - ☐ Recombinant CD4
  - ☐ Ribavirin
  - ☐ Other →

**Name of Drug:**

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ID Number				
	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
	6	6	6	6
	7	7	7	7
	8	8	8	8
	9	9	9	9

Visit No.		
	0	0
1	1	1
2	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

		DATE	
		DAY	YEAR
<input type="radio"/> Jan			
<input type="radio"/> Feb			
<input type="radio"/> Mar		0 0	92
<input type="radio"/> Apr		10 1	93
<input type="radio"/> May		20 2	
<input type="radio"/> Jun		30 3	
<input type="radio"/> Jul			4
<input type="radio"/> Aug			5
<input type="radio"/> Sep			6
<input type="radio"/> Oct			7
<input type="radio"/> Nov			8
<input type="radio"/> Dec			9

Drug Code										
	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9

**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)?**

- ☐ NO (GO TO F)
- ☐ YES
- ☐ DON'T KNOW (GO TO F)

**D. If YES, do you know the ACTG number?**

- ☐ NO (GO TO F)
- ☐ YES

**E. What is the number of that study?**

	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9

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

- ☐ NO
- ☐ YES

**(STOP, GO TO NEXT DRUG)**

**2. Since your last visit in (MONTH), how long have you used this (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

**3. Did you alternate your use of this drug with another anti-viral drug?**

- ☐ NO (GO TO Q5)
- ☐ YES

**4. If YES, how often did you alternate these drugs?**

- ☐ More often than weekly  
☐ Weekly  
☐ Every two weeks  
☐ Monthly  
☐ Less often than monthly  
**(GO TO Q8)**

5. Did you stop altogether or decrease your daily dose of (DRUG) since your last visit?

- ☐ NO (GO TO Q8)
- ☐ YES

**Please continue on the other side.**

6. Why did you stop taking or decrease this drug?

(MARK ALL THAT APPLY)

- ☐ Low white blood cells
- ☐ Anemia
- ☐ 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 changes by physician
- ☐ Too expensive
- ☐ Too much bother, inconvenient
- ☐ Other, specify:

7. Did you restart or increase your use of this drug?

- ☐ NO
- ☐ YES

8. What is the most recent total daily dose that you took? For example, 200 mg 3 times per day = 600 mg.

TOTAL  
DAILY DOSE

0	0	0	0
1000	100	10	1
2000	200	20	2
3000	300	30	3
4000	400	40	4
5000	500	50	5
6000	600	60	6
7000	700	70	7
8000	800	80	8
9000	900	90	9

UNITS  
CODE

0	0
10	1
20	2
30	3
40	4
50	5
60	6
70	7
80	8
90	9

(RECORD PARTICIPANT'S COMPLETE  
RESPONSE)

☐ Don't Know

9. Are you currently taking this drug?

- ☐ NO
- ☐ YES