

23 FORM 1 - ANTI-VIRAL DRUGS

COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 18.A(2).

- ☐ Acyclovir (ACV, Zovirax)
☐ AL-721
☐ Alpha Interferon
☐ Ampligen
☐ AZT (Azidothymidine, Compound S, Retrovir, Zidovudine, ZDV)
☐ AZT/ddC trial
☐ AZT/ddI trial
☐ AZT/ddI/ddC trial
☐ Beta Interferon
☐ d4T (Stavudine)
☐ ddC (dideoxycytidine, HIVID, Zalcitabine)
- ☐ ddI (dideoxyinosine, Didanosine, Videx)
☐ ddI/ddC trial
☐ Dextran-Sulfate
☐ Foscarnet (Phosphonoformate, PFA)
☐ Lamivudine (3-TC)
☐ Peptide T
☐ Recombinant CD4
☐ Ribavirin
☐ Other

Name of Drug:

Drug Code

0	100	200	300	400	500	600	700	800	900
0	1	2	3	4	5	6	7	8	9

ID Number
0 0 0 0
1 1 1 1
2 2 2 2
3 3 3 3
4 4 4 4
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
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	
<input type="radio"/> Apr	10 1	94
<input type="radio"/> May	20 2	95
<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	

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

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
☐ Other alternating schedule
- (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.

(STOP, GO TO NEXT DRUG)

6. Why did you stop taking or decrease 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)
☐ Hospitalized
☐ Personal decision
☐ Prescription changes by physician
☐ Too expensive
☐ Too much bother, inconvenient (ran out/vacation/unable to fill prescription)
☐ Other, specify:

1) _____
 2) _____
 3) _____

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