

# 25 FORM 1—ANTI-VIRAL DRUGS

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

- |   |   |
|---|---|
| <input type="radio"/> Acyclovir (ACV, Zovirax)                                    | <input type="radio"/> ddC (dideoxycytidine, HIVID, Zalcitabine) |
| <input type="radio"/> Alpha Interferon  | <input type="radio"/> ddI (dideoxyinosine, Didanosine, Videx)   |
| <input type="radio"/> AZT (Azidothymidine, Compound S, Retrovir, Zidovudine, ZDV) | <input type="radio"/> Famciclovir                               |
| <input type="radio"/> AZT/3-TC Blinded Trial                                      | <input type="radio"/> Foscamet (Phosphonoformate, PFA)          |
| <input type="radio"/> AZT/ddC Blinded Trial                                       | <input type="radio"/> Indinavir (Crixivan)                      |
| <input type="radio"/> AZT/ddI Blinded Trial                                       | <input type="radio"/> Lamivudine (3-TC)                         |
| <input type="radio"/> AZT/ddI/ddC Blinded Trial                                   | <input type="radio"/> Recombinant CD4                           |
| <input type="radio"/> d4T (Stavudine)   | <input type="radio"/> Ritonavir                                 |
|   | <input type="radio"/> Saquinavir (Invirase)                     |
|   | <input type="radio"/> Other →                                   |

Name of Drug:

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) ☐ DON'T KNOW (GO TO F) ☐ YES

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 (SKIP TO Q4)

G. [Since your last visit] In what month and year did you most recently take this drug as part of the research study?

MONTH	YEAR
<input type="radio"/> Jan	
<input type="radio"/> Feb	
<input type="radio"/> Mar	99
<input type="radio"/> Apr	90
<input type="radio"/> May	91
<input type="radio"/> June	92
<input type="radio"/> July	93
<input type="radio"/> Aug	94
<input type="radio"/> Sept	95
<input type="radio"/> Oct	96
<input type="radio"/> Nov	
<input type="radio"/> Dec	

STOP IF PARTICIPANT WAS BLINDED TO THE TREATMENT AND GO TO NEXT DRUG.

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
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
<input type="radio"/> May	20	2
<input type="radio"/> June	30	3
<input type="radio"/> July	4	
<input type="radio"/> Aug	5	
<input type="radio"/> Sept	6	
<input type="radio"/> Oct	7	
<input type="radio"/> Nov	8	
<input type="radio"/> Dec	9	

2. Are you currently taking this drug [not as part of a research study]?

- ☐ NO ☐ YES (GO TO Q4)

3. [Since your last visit] In what month and year did you most recently take this drug?

MONTH	YEAR
<input type="radio"/> Jan	
<input type="radio"/> Feb	
<input type="radio"/> Mar	99
<input type="radio"/> Apr	90
<input type="radio"/> May	91
<input type="radio"/> June	92
<input type="radio"/> July	93
<input type="radio"/> Aug	94
<input type="radio"/> Sept	95
<input type="radio"/> Oct	96
<input type="radio"/> Nov	
<input type="radio"/> Dec	

4. Did you start taking this drug since your last visit?

- ☐ NO (GO TO Q6) ☐ YES

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

MONTH	YEAR
<input type="radio"/> Jan	
<input type="radio"/> Feb	
<input type="radio"/> Mar	99
<input type="radio"/> Apr	90
<input type="radio"/> May	91
<input type="radio"/> June	92
<input type="radio"/> July	93
<input type="radio"/> Aug	94
<input type="radio"/> Sept	95
<input type="radio"/> Oct	96
<input type="radio"/> Nov	
<input type="radio"/> Dec	

Please continue on the other side.

6. 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

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

- ☐ NO (GO TO Q9)    ☐ YES

8. 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 Q12)

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

- ☐ NO (GO TO Q12)    ☐ YES

10. 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) \_\_\_\_\_

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

- ☐ NO    ☐ YES

12. 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	5	0	0
100	100	10	1
200	200	20	2
300	300	30	3
400	400	40	4
500	500	50	5
600	600	60	6
700	700	70	7
800	800	80	8
900	900	90	9

UNITS  
CODE

0	5
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

13. Since your last visit, did you take this drug on the same day as another anti-viral drug?

- ☐ NO    ☐ YES