

27 FORM 1—ANTI-VIRAL DRUGS

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

- ☐ 3-TC (Epiriv, Lamivudine) ☐ ddC (dideoxycytidine, HIVID, Zalcitabine)
☐ Acyclovir (ACV, Zovirax) ☐ ddI (dideoxyinosine, Didanosine, Videx)
☐ AZT (Azidothymidine, Compound S, Retrovir, Zidovudine, ZDV) ☐ Delavirdine
☐ d4T (Zerit, Stavudine) ☐ Famciclovir
☐ ☐ Foscarnet (Phosphonoformate, PFA)
☐ ☐ Indinavir (Crixivan)
☐ ☐ Nelfinavir
☐ ☐ Nevirapine
☐ ☐ Ritonavir (Norvir)
☐ ☐ Saquinavir (Invirase)
☐ ☐ Other →

| ID Number | Visit No. | DATE | | |
|-----------|-----------|----------------------------|------|------|
| | | Jan | DAY | YEAR |
| 1 0 0 0 0 | 0 0 | <input type="radio"/> Jan | | |
| 1 1 1 1 1 | 1 1 | <input type="radio"/> Feb | 0 0 | |
| 2 2 2 2 2 | 2 2 2 | <input type="radio"/> Mar | 10 1 | |
| 3 3 3 3 3 | 3 3 | <input type="radio"/> Apr | 20 2 | 96 |
| 4 4 4 4 4 | 4 4 | <input type="radio"/> May | 30 3 | 97 |
| 5 5 5 5 5 | 5 5 | <input type="radio"/> June | 4 4 | |
| 6 6 6 6 6 | 6 6 | <input type="radio"/> July | 5 5 | |
| 7 7 7 7 7 | 7 7 | <input type="radio"/> Aug | 6 6 | |
| 8 8 8 8 8 | 8 8 | <input type="radio"/> Sept | 7 7 | |
| 9 9 9 9 9 | 9 9 | <input type="radio"/> Oct | 8 8 | |
| | | <input type="radio"/> Nov | 9 9 | |
| | | <input type="radio"/> Dec | | |

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

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 |

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

IF YES: STOP IF PARTICIPANT WAS BLINDED TO THE TREATMENT; IF UNBLINDED, 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?

| | YEAR |
|----------------------------|------|
| <input type="radio"/> Jan | |
| <input type="radio"/> Feb | |
| <input type="radio"/> Mar | 96 |
| <input type="radio"/> Apr | 96 |
| <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 | 97 |
| <input type="radio"/> Dec | |

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?

| | 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 | 97 |
| <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?

| | 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 | 97 |
| <input type="radio"/> Dec | |

Please continue on the other side.

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

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 | 0 | 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 | 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

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

- ☐ NO ☐ YES