



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 stop taking this drug at any time since your last visit? [DOES NOT INCLUDE ALTERNATING DRUG USE]

- ☐ NO (GO TO Q9) ☐ YES

8. Why did you stop taking 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)
- ☐ Diarrhea
- ☐ Kidney stones
- ☐ Rash
- ☐ High blood sugar/Diabetes
- ☐ High cholesterol/High triglycerides
- ☐ Painful urination
- ☐ Increased viral load
- ☐ Decreased viral load
- ☐ 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) \_\_\_\_\_

9. On average, how often did you take your medication as prescribed?

- ☐ 100% of the time
- ☐ 95-99% of the time
- ☐ 75-94% of the time
- ☐ <75% of the time