30 FORM 1—ANTI-VII	RAL DRUG	.	ID Number	Visit No.		DATE
					○ Jan	DAY YE
COMPLETE THE FOLLOWING FOR EAC	H DRUG LISTED IN		0000	00	○ Feb	
QUESTION 18.A(2).			0000	11	O Mar	00
Oara militaria			2222	22	O Apr	10 1
	O Delavirdine (Rescrip		3333	333	○ May	20 2
	Efavirenz (Sustiva)	9	0000	6 6	June	
	Indinavir (Crixivan)		5 5 5 5	6 6	O July	4
	Nelfinavir (Viracept)		6666	66	O Aug	(3)
	Nevirapine (Viramun	e)	7777	77	O Sept	6
	Ritonavir (Norvir)		0000	00	Oct	•
	Saquinavir (Invirase,	Fortovase)	0000	9 9	O Nov	0
ddI (dideoxycytidine, HVID, Zaichabine)	Other —				O Dec	9
Odu (dideoxylnosine, bidanosine, videx)						
	Name of D	rug:		Drug Cod		
			→		99999	
You said you were taking (DRUG) since your	last visit:				9 9 9	
1.A. Did you take this drug as part of a resea	rch etudu?			000	348	678
ONO (GO TO Q2) OYES	ren study r					
ONO (GO TO GZ) TES		2 Are you o	urrently taking	this drug [not as no	rt of a
B. Was this study one in which you may ha		research s		tins drug [ilot as pai	itora
placebo (not the actual drug) or in which	ve taken a	○ NO		YES (GO	TOON	
blinded to the treatment?	i you were	UNU	(TES (GU	10 Q4)	
○NO ○YES		2 (Cinco voi	ır last visit] İn	what month	and year	r did you
0110			ntly take this		i aliu yea	i uiu you
C. Was this part of the AIDS Clinical Trial G	roup (ACTG)?		EAR	arug.		
○ NO (GO TO F) ○ DON'T KNOW		O Feb	EAH			
OYES	(60101)	O Mar	-			
0120		O Apr				
D. If YES, do you know the ACTG number?		OMay				
○ NO (GO TO F) ○ YES		June	8			
0110 (40 101)		OJuly	2			
E. What is the number of that study?		O Aug	86 86 87			
(0) (0) (00) (00) (00) (00) (00) (00) (Sept				
0 10 20 30 40 50 60 70 60 60		O Oct	97			
0 1 2 3 4 5 6 7 6 6		O Nov	98			
		○ Dec	99			
F. Are you currently taking this drug as par	rt of the	0 244				
research study?		4. Did you st	art taking this	drug since	your last	visit?
○ NO ○ YES		ONO (G	O TO Q6)	YES		
IF YES: STOP IF PARTICIPANT WAS BLI	UDED TO					
THE TREATMENT; IF UNBLINDED, SKIP			ır last visit] İn	what month	and year	r did you
			g this drug?			
G. [Since your last visit] In what month an			EAR			
did you most recently take this drug as	part of	○ Feb				
Jan YEAR the research study?		O Mar	96			
○ Feb		O Apr	(91)			
○ Mar 🔞		May	82			
○ Apr ®		June	93			
May 68 60 July 69 60 60 60 60 60 60 60 60 60 60 60 60 60		O July	8 8 9			
O total		O Aug	35			
O July B		Sept	*			
Sept 6		Oct	9			
Oct ®		O Nov	9			
Nov ®		O Dec				
○ Nov ● ○ Dec ●						
0.000			Please c	ontinue on	the other	side.

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

used this (DRUG)?	as prescribed?
One week or less	100% of the time
More than 1 week but less than 1 month	○ 95–99% of the time
○ 1–2 months	75-94% of the time
3-4 months	<75% of the time
○ 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	
B. Why did you stop taking this drug?	
(MARK ALL THAT APPLY)	
Cow white blood cells (low neutrophils)	
Anemia (low red blood cells/low hemoglobin)	
Bleeding	
O 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)	
O Diarrhea	
○ Kidney stones	
Rash	
O High blood sugar/Diabetes	
O High cholesterol/High triglycerides	
O Painful urination	
O Increased viral load	
O Decreased viral load	
OHospitalized	
O Personal decision	
Prescription changes by physician	
O Too expensive	
Too much bother, inconvenient (ran out/vacation/unable to fill prescription)	
Other, specify:	
1)	
2)	
=/	

ce your last visit in (MONTH), how long have you