31 FORM 1—ANTI-VIRAL I	DRUGS	ID Number	Visit No.	DATE
COMPLETE THE FOLLOWING FOR EACH DRUG	LICTEDIN	0000	00	Jan DAY YEA
QUESTION 18.A(2).	LISTED IN		00	Mar 00
docorror to.A(z).		2222	00	O Apr 10 1
3-TC (Epivir, Lamivudine) Delavir	dine (Rescriptor)	33333	333	○ May 20 ②
	nz (Sustiva)	4444	44	June 30 3
	rir (Crixivan)	6666	66	O July 4
	vir (Viracept)	6666	6 6	O Aug S 99
	pine (Viramune)	0000	? ?	O Sept 6
	vir (Norvir)	0000	00	Oct 7
OddC (dideoxycytidine, HIVID, Zalcitabine) Other	avir (Invirase, Fortovase)			O Nov 0
OddI (dideoxyinosine, Didanosine, Videx)	1			O Dec G
C dar (disconfinedino, bidanosino, viden)	Name of Drug:		Drug Cod	e
				0000000000
You said you were taking (DRUG) since your last visit:				30 40 50 60 70 80
	s 1		000	345678
1.A. Did you take this drug as part of a research study	n			
○ NO (GO TO Q2) ○ YES	2 Are yes	currently taking	this days [not so part of a
B. Was this study one in which you may have taken		th study]?	g uns urug [not as part of a
placebo (not the actual drug) or in which you wer blinded to the treatment?			YES (GO	TO Q4)
ONO OYES	3. (Since)	vour last visit) In	what month	and year did you
0110		cently take this		rana your ana you
C. Was this part of the AIDS Clinical Trial Group (AC	TG)? Jan	YEAR		
○ NO (GO TO F) ○ DON'T KNOW (GO TO	F) Peb			
○ YES	○ Mar	90		
D. If YES, do you know the ACTG number?	O Apr	99		
	May			
○ NO (GO TO F) YES	○ June ○ July			
E. What is the number of that study?	O Aug	8		
0 100 200 500 400 500 500 700 800 900	○ Sept			
0 10 20 30 40 50 60 70 60 90	Oct	97		
0 1 2 3 4 5 6 7 8 9	○ Nov	98		
_	○ Dec	99		
F. Are you currently taking this drug as part of the research study?	4 014	start taking this		
○ NO ○ YES			YES	your last visit?
0		(00 10 00)	JIES	
IF YES: STOP IF PARTICIPANT WAS BLINDED TO THE TREATMENT; IF UNBLINDED, SKIP TO Q4.	5. [Since y	your last visit] In king this drug?	what month	and year did you
G. [Since your last visit] In what month and year	Jan	YEAR		
did you most recently take this drug as part of	○ Feb			
Jan YEAR the research study?	○ Mar	. 90		
○ Feb	O Apr	99		
Mar @ Apr 9	○ May			
May ®	July			
June 90	O Aug	8		
○ July 9	Sept			
O Aug ®	○ Oct	97		
○ Sept 66	○ Nov	98		
Oct 9	○ Dec	99		
O Nov 98				
ODec @		Please	continue on	the other side.

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

Muscle pain or weakness (myopathy/myositis/muscle cramps/spasms) Buringtiftigling in extremities (neuropathy/myoutis/muscle cramps/spasms) Buringtiftigling in extremities (neuropathy/myoutis/muscle cramps/spasms) Darribas (Sidney stones Salah		More than 1 week but less than 1 month 1-2 months 3-4 months 5-6 months More than 6 months	NO (GO TO Q10) YES
A namia (low red blood cells/low hemoglobin) ☐ Bleading ☐ Dizziness/headaches ☐ Nausea (Vamiling) ☐ Abdominal pain (pancreatifis/abdominal bloating/cramps) ☐ Muscle pain or weakness (myopathy/myosits/muscle ☐ meunopathy/meuritis/mumbness) ☐ Diarrhea ☐ Kidney stones ☐ Rash ☐ High blood sugar/Diabetes ☐ High blood sugar/Diabetes ☐ High blood sugar/Diabetes ☐ High blood pressure ☐ Parthul urmation ☐ Phart suideshoution ☐ Dhart, specify: ☐ I) ☐ Increased Viral load ☐ Personal decision ☐ Decreased viral load ☐ Decreased viral load ☐ Decreased viral load ☐ Decreased viral load ☐ De	7.	from this drug?	
2) 3) Oncreased viral load Operated of the Company of the Com		Anemia (low red blood cells/low hemoglobin) Blaeding Dizzinesul-hedaches Nausea/Orniting Abdominal pain (pancreatilis/abdominal bloating/cramps) Muscle pain or weskness (myocathy/myositis/muscle cramps/spasms) Burningtingling in oxtremities (neuropathy/munita/mumbness) Dumnes Upunnes High blood sugar/blahers High choiseserul-kigh triglycenides Paint High blood pressure Falm allids/fathution	A nemia (low red blood cells/low hemoglobin) Bleeding Dizziness/Headsaches Nausaev/Ormiting Abdominal pain (pancreatifis/abdominal bloating/cramps Mascle pain or wakaness (myopathy/myositis/muscle cramps/spasms) Burning/laingin in eutremities (neuropathy/neuritis/numbness) Darhae Kidney stones Raah High blood sugan/Dlabetes High choldsetwiCHHigh thighyerides Pariful unination High blood pressure
100% of the time 95-99% of the time 775-94% of the time		2)	Decreased viral load Hospitalized Personal decision Trescription changes by physician Too expensive Too much bother, inconvenient (ran out/vacation/unable to fill prescription) Other, specify: 10 20 30 10. On average, how often did you take your medication
			100% of the time 95–99% of the time 75–94% of the time

8. Did you stop taking this drug at any time since your

last visit? [DOES NOT INCLUDE ALTERNATING

DRUG USET

6. Since your last visit in (MONTH), how long have you

used this (DRUG)?

One week or less