		300000000000000000000000000000000000000		○ Jan □
COMPLETE THE FOLLOWING FOR E	ACH DRUG LISTE			○ Feb
QUESTION 18.A(2).		1111		○ Mar 0
_		2222		O Apr
3-TC (Epivir, Lamivudine)	<ul> <li>Delavirdine (Re</li> </ul>			May 2
Abacavir (Ziagen)	<ul> <li>Efavirenz (Sust</li> </ul>			○ June 🥸
Adefovir (Preveon)	O Indinavir (Crixiv			July
Amprenavir	O Nelfinavir (Virac			O Aug
AZT (Retrovir, Zidovudine) Combivir (AZT & 3-TC)	Nevirapine (Vira     Ritonavir (Norvi			Sept
d4T (Zerit, Stavudine)	Saquinavir (Invi			Oct Nov
ddC (dideoxycytidine, HIVID, Zalcitabine)	Other —	lase, rollovase)		ODec
ddI (dideoxyinosine, Didanosine, Videx)	J I			ODec
our (diddoxymounic, Diddiroomo, Vidox)	Name	of Drug:	Drug Code	
	T T T T T T T T T T T T T T T T T T T	or brug.		9 900 400 500 600
You said you were taking (DRUG) since yo	ur last visit:			30 40 50 60
roa sala you were taking (Drioa) since yo	ui iust visit.	I.		3456
<ol> <li>Did you take this drug as part of a res</li> </ol>	search study?			0000
○ NO (GO TO Q2)  YES				
		2. Are you currently t	aking this drug [I	not as part o
B. Was this study one in which you may		research study]?		
placebo (not the actual drug) or in wh	nich you were	○ NO	YES (GO	TO Q4)
blinded to the treatment?				
○ NO ○ YES		3. [Since your last vis		and year d
C. Was this part of the AIDS Clinical Tria	Croup (ACTO)2	most recently take	this drug?	
		Jan YEAR		
○ NO (GO TO F) ○ DON'T KNO ○ YES	W (GO 10 F)	Feb		
TES		Mar 91		
D. If YES, do you know the ACTG number?		O Apr 92 O May 93		
○ NO (GO TO F) ○ YES		June 94		
0.110 (dd 10.1) 0.120		July 96		
E. What is the number of that study?		O Aug 96		
0 (0) (0) (0) (0) (0) (0) (0) (0) (0)		Sept 97		
0 10 20 30 40 50 50 70 80 90		Oct 98		
0 1 2 3 4 5 8 7 8 9		○ Nov 99		
		O Dec 00		
F. Are you currently taking this drug as	part of the			your last vi
research study?	part of the	4. Did you start taking		
research study?  NO YES	part of the	4. Did you start taking  NO (GO TO Q6		
research study?		O NO (GO TO Q6	YES	
research study?  NO YES	BLINDED TO	NO (GO TO Q6	YES	and year d
research study?  NO YES  IF YES: STOP IF PARTICIPANT WAS E THE TREATMENT; IF UNBLINDED, S	BLINDED TO KIP TO Q4.	NO (GO TO Q6  5. [Since your last vis start taking this dri	YES	and year d
research study?  NO  YES  IF YES: STOP IF PARTICIPANT WAS E THE TREATMENT; IF UNBLINDED, S  G. [Since your last visit] in what month	BLINDED TO KIP TO Q4.	NO (GO TO Q6  5. [Since your last vis start taking this dr	YES	and year d
research study?  NO YES  IF YES: STOP IF PARTICIPANT WAS E THE TREATMENT; IF UNBLINDED, S	BLINDED TO KIP TO Q4.	NO (GO TO Q6  5. [Since your last vis start taking this dr	YES	and year d
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research.study? NO YES  IF YES: STOP IF PARTICIPANT WAS E THE TREATMENT; IF UNBLINDED, S G. [Since your last visit] In what month did you most recently take this drug Jan Year] the research study?	BLINDED TO KIP TO Q4.	NO (GO TO Q6  5. [Since your last vis start taking this dn    Jan   YEAR     Feb       Mar   91	YES	and year d
mssarch study?  NO YES  IF.YES: STOP IF PARTICIPANT WAS IT THE TREATMENT, IF UNBLINDED, S  G. [Since your last vieit] in what month did your most recently take this drug  Jan Yean the research study?  Feb  Mar 20  Apr 20	BLINDED TO KIP TO Q4.	5. [Since your last vis start taking this dri	YES	and year d
mesearch study? NO YES  IF YES: STOP IF PARTICIPANT WAS IT THEATMENT, IF UNBLINDED, G. (Since your last visil] in what month did you most recently take this drug Jan Yan Bu. research.study? Feb May 8 Apr 8 May 8	BLINDED TO KIP TO Q4.	NO (GO TO O6  5. [Since your last vis start taking this dn   Jan YEAR     Feb	YES	and year d
research study?  NO YES STOP IF PARTICIPATY WAS IT HE TREATMENT IF UNBLUNDED, S  C. Bince your test visit In what mostly did you most recently take the mostly of your waster recently take the mostly of your waster or eventy take the participation of the partici	BLINDED TO KIP TO Q4.	NO (GO TO G6  5. [Since your last vis start taking this dr    Jan   Year     Feb       Mar   91     Apr   92     May   93     June   94     July   96     Aug   98	YES	and year d
nesearch study?  NO YES  IF YES: STOP IF PARTICIPANT WAS IT THEATMENT, IF UNBLINDED,  G. (Since your last visil] in what month did you most recently take this drug  Jan Yeah Be, research, study?  Apr 80  Apr 90  June 90	BLINDED TO KIP TO Q4.	NO (GO TO G6  5. [Since your last vis start taking this dr  Jan   YEAR   Feb	YES	and year d
research study?  NO YES  IF YES: STOP IF PARTICIPATY WAS IT THE TREATMENT, IF UNBLUNDED, S  G. (Since your last visit) in what month old you most recently take this drugs of the participation of the	BLINDED TO KIP TO Q4.	S. (Since your last visant taking this dor last reaching this dor last reaching the sound of the sound to the	YES	and year d
nesearch study?  NO YES  IF YES: STOP IF PARTICIPANT WAS IT THEATMENT, IF UNBLINDED, G. (Since your last visil] in what month did you most recently take this drug Jan Yeah Ibe, research, study?  Apr 80 Apr 90 June 91 June 93 June 93 June 95 June 95 Sept 97	BLINDED TO KIP TO Q4.	S. (Since your last vite start taking this dn  Jan Yean  Feb  Mar 95  Apr 92  June 94  July 95  Aug 95  Sept 97  Oct 98  Nov 98	YES	and year d
research study?  NO YES  FYEE: STOP IP PARTICIPANT WAS I THE TREATMENT; IF UNBLINDED, S  G. [Since your last visit] in what month did you most recently take this drug   Feb	BLINDED TO KIP TO Q4.	S. (Since your last visant taking this dor last reaching this dor last reaching the sound of the sound to the	YES	and year d
nesearch study?  NO YES  IF YES: STOP IF PARTICIPANT WAS IT THEATMENT, IF UNBLINDED, G. (Since your last visil] in what month did you most recently take this drug Jan Yeah Ibe, research, study?  Apr 80 Apr 90 June 91 June 93 June 93 June 95 June 95 Sept 97	BLINDED TO KIP TO Q4.	S. (Since your last vite start taking this dn  Jan Yean  Feb  Mar 95  Apr 92  June 94  July 95  Aug 95  Sept 97  Oct 98  Nov 98	YES	and year d

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

	1885
Since your last visit in (MONTH), how long have you used this (DRUG)?     One week or less	Did you stop taking this drug at any time since your last visit? [DOES NOT INCLUDE ALTERNATING DRUG USE]
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
<ol> <li>Have you experienced any of the following side effects from this drug? (MARK ALL THAT APPLY)</li> </ol>	Why did you stop taking this drug? (MARK ALL THAT APPLY)
Low white blood cells (low neutrophile) Anemia (low red blood cells/low hemoglobin) Bleeding Dizzness/headaches Dizzness/headaches Addemnal pain geancreatisis/abdominal bloating/cramps) Muscle pain or weakness (myopathyrimyositis/muscle cramps/spams) Burning/lingling in extremities (neuropathyneutris/murbness) Diarrhes (Kidney stones Rash High blood sugan/Diabetes High cholesterol/High triglycerides Paintul urnation High blood pressure Fat maldistribution Other, specity;	Low white blood cells (low neutrophils) Anemia (low red blood cells/low hemoglobin) Bleeding Discindes-Headaches Discindes-Headaches Abdominate plan (pancreatitis/abdominat bloating/cramps) Abdominate plan (pancreatitis/abdominat bloating/cramps) Abdominate plan (pancreatitis/abdominat bloating/cramps) Abdominate plan (pancreatitis/abdominat bloating/cramps) Burning/tips/ing in extremities cramps/passms) Burning/tingling in extremities (neuropathyrineuritis/numbness) Diarrhea Kidney stones Rash High blood sugar/Diabetes High blood sugar/Diabetes High blood pressure Fat maldistribution Fat maldistribution Increased viral load Decreased viral load
3) None of the above	Hospitalized Personal decision Personal decision Prescription changes by physician Too expensive Too much bother, inconvenient (ran out/vacation/unable to fill prescription) Other, specify:
	1)

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

100% of the time

95–99% of the time

<75% of the time