

# FORM 1—ANTIRETROVIRAL DRUGS

COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 15.B(3).

- abacavir (Ziagen) (218)
- atazanavir (Reyataz) (243)
- Atripla (efavirenz + emtricitabine + tenofovir) (262)
- Combivir (zidovudine & lamivudine) (227)
- d4T (Zerit, Stavudine) (159)
- darunavir (Prezista) (256)
- didanosine (Videx) (147)
- efavirenz (Sustiva) (220)
- emtricitabine (Emtriva, FTC) (239)
- Epzicom (abacavir + lamivudine) (254)
- Etravirine (Intelence, TMC-125) (255)
- fosamprenavir (Lexiva) (249)
- indinavir (Crixivan) (212)
- lamivudine (Epivir, 3TC) (204)
- lopinavir/ritonavir (Kaletra, LPV) (217)
- nelfinavir (Viracept) (216)
- nevirapine (Viramune) (191)
- Raltegravir (Isentress) (264)
- ritonavir (Norvir) (211)
- saquinavir (Invirase, Fortovase) (210)
- tenofovir (Viread) (234)
- Trizivir (abacavir + lamivudine + zidovudine) (240)
- Truvada (emtricitabine + tenofovir) (253)
- zidovudine (Retrovir, AZT) (092)
- Other →

ID Number	Visit No.	DATE
<b>MACSID</b>	<b>VISIT_752</b>	<input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> Aug <input type="radio"/> Sept <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec
0 0 0 0 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 8 8 8 8 9 9 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	DAY YEAR AVQM_752 AVQD_752 AVQY_752 30 3 12 4 13 5 14 6 15 7 16 8 17 9 18

**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

**DRGAV\_752**

**Name of Drug:** \_\_\_\_\_

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

1.A. Did you take this drug as part of a research study?  
 NO (GO TO Q2)  YES **RESF1\_752**

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 **PLCF1\_752**

C. Was this part of the AIDS Clinical Trial Group (ACTG) study?  
 NO  DON'T KNOW **ACTF1\_752**  
 YES

D. Are you currently taking this drug as part of the research study?  
 NO (GO TO E.)  YES **STOP, IF BLINDED. GO TO Q4, IF UNBLINDED. RNWF1\_752**

E. [Since your last visit] In what month and year did you most recently take this drug as part of the research study?

	J	F	M	A	M	J	J	A	S	O	N	D
	01	02	03	04	05	06	07	08	09	10	11	12

**AVRSM\_752**  
**AVRSY\_752**

IF BLINDED, STOP. GO TO NEXT DRUG.  
 IF UNBLINDED, GO TO Q2.

2. Are you currently taking this drug [not as part of a research study]?  
 NO (GO TO Q3)  YES (GO TO Q4) **AVNW\_752**

IF YES, BUT DRUG WAS PREVIOUSLY TAKEN AS PART OF A STUDY, YOU MUST COMPLETE THIS FORM FOR RESEARCH USE AND **COMPLETE ANOTHER FORM FOR NON-RESEARCH DRUG USE.**

3. [Since your last visit] In what month and year did you most recently take this drug?

	J	F	M	A	M	J	J	A	S	O	N	D
	01	02	03	04	05	06	07	08	09	10	11	12

**AVRM\_752**  
**AVRY\_752**

4. Do you take this drug by mouth or receive it by injection?  
 by mouth (pill or liquid) **DORIN\_752**  
 injection

IF BY INJECTION, SKIP TO Q7.

5. According to your doctor, how many times per day, week, or month should you take (DRUG)? [IF NOT CURRENTLY TAKING DRUG, USE MOST RECENT TIME]

**NUMBER OF TIMES PER**

Day or **PRES1\_752**  
 Week or **PREST\_752**  
 Month

6. According to your doctor, how many pills or doses should you take each time?

1	2	<b>NPILT_752</b>	9	10
---	---	------------------	---	----

IF BY MOUTH, SKIP TO Q8.

7. How many times per day, week, or month do you inject this drug?

**NUMBER OF TIMES PER**

Day or **TINJD\_752**  
 Week or **INJDU\_752**  
 Month

Please continue on the other side.

8. Did you start taking this drug since your last visit?  
 NO (GO TO Q10)  YES **START\_752**

9. [Since your last visit] In what month and year did you start taking this drug?

	J	F	M	A	M	J	J	A	S	O	N	D	<b>AVSM_752</b>
	01	02	03	04	05	06	07	08	09	10	11	12	<b>AVSY_752</b>

10. Since your last visit in (MONTH), how long have you used (DRUG)? **LENAV\_752**

- One week or less
- More than 1 week but less than 1 month
- 1–2 months (includes 2 months and longer, but less than 3 months)
- 3–4 months (includes 4 months and longer, but less than 5 months)
- 5–6 months
- More than 6 months

11. Did you stop taking this drug, for 2 days or longer, at any time since your last visit? [DOES NOT INCLUDE ALTERNATING DRUG USE]

NO (GO TO Q13)  YES **DECAV\_752**

12. Why did you stop taking this drug? (MARK ALL THAT APPLY)

- Low white blood cells (low neutrophils) **STWBC\_752**
- Anemia (low red blood cells/low hemoglobin) **STANE\_752**
- Blood in urine **STBLU\_752**
- Bleeding **STBLD\_752**
- Dizziness/Headaches **STHED\_752**
- Nausea/Vomiting **STVOT\_752**
- Abdominal pain (pancreatitis/abdominal bloating) **STABP\_752**
- Diarrhea **STDIA\_752**
- Muscle pain or weakness (myopathy/myositis/cramps/spasms) **STMPW\_752**
- Burning/tingling in extremities (neuropathy/neuritis/numbness) **STBTE\_752**
- Kidney stones **STKID\_752**
- Kidney failure **STREN\_752**
- Rash **STRAS\_752**
- High blood sugar/Diabetes **STDM\_752**
- High cholesterol/High triglycerides **STCHO\_752**
- Painful urination **STURN\_752**
- High blood pressure **STHBP\_752**
- Abnormal changes in body fat **STFAT\_752**
- Vivid nightmares or dreams **STNVD\_752**
- Liver toxicity (abnormal liver function test) **STLTX\_752**
- Insomnia or problems sleeping **STIPS\_752**
- Fatigue **STFTG\_752**
- Increased viral load **SINVL\_752**
- Decreased viral load **SDCVL\_752**
- Hospitalized **STHOS\_752**
- Personal decision **STPER\_752**
- Prescription changes by physician **STDOC\_752**
- Too expensive **STEXP\_752**
- Too much bother, inconvenient (ran out/vacation to fill prescription) **STINC\_752**
- Changed to another drug in order to decrease number of pills or dosing frequency **STCGD\_752**
- Study ended **STEND\_752**
- Other, specify:

1) _____	<b>STOT1_752</b>
2) _____	<b>STOT2_752</b>
3) _____	<b>STOT3_752</b>

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

- 100% of the time
- 95–99% of the time **MDPRE\_752**
- 75–94% of the time
- <75% of the time