

[Empty box for WIHS ID#]

You said you have taken (DRUG) since your (MONTH) study visit:

1. A. Is this either a new medication you have begun using or a previous medication that you have started re-using since your (MONTH) study visit?

YES.....1
NO.....2 → **GO TO Q2**

B. What was the date you began taking (DRUG)? I just need the month and year.
If this is a medication that you are re-using, please give me the most recent date that you began taking or re-using this medication.

___ ___ / ___ ___
MONTH YEAR

C. What was the main reason you had for starting to take (DRUG)?

CIRCLE ONE ANSWER.

- Medication was easier to take 1
- My viral load went up 2
- To alleviate side effects 3
- To make other drugs more effective 4
- Other reason 5

Specify reason:

2. A. Since your (MONTH) study visit, how did you get access to (DRUG)?

CIRCLE ONE ANSWER.

- Regular Prescription 1 → **GO TO Q3**
- Compassionate Use Program . 2 →
- Research Study 3

B. Was this study one in which you were blinded to the treatment (in other words, you did not know the specific medications you were taking)?

Yes 1 → **STOP HERE**
No 2

3. PROMPT: SHOW PARTICIPANT RESPONSE CARD E1.

Since your (MONTH) study visit, how long have you used (DRUG)?

CIRCLE ONE ANSWER.

- 1 week or less 1
- More than 1 week but less than 1 month 2
- 1–2 months 3
- 3–4 months 4
- 5–6 months 5
- More than 6 months 6

4. A. Are you currently taking (DRUG)?

Yes.....1 → **GO TO Q5**
No.....2

B. Since your (MONTH) study visit, in what month and year did you most recently take (DRUG)?

___ ___ / ___ ___
MONTH YEAR

C. PROMPT: SHOW PARTICIPANT RESPONSE CARD E2.

What is the MAIN reason you stopped taking (DRUG)?

CIRCLE ONLY ONE RESPONSE.

- Prescription changes by physician 1
- My CD4+ was too high/viral load was too low 2
- I felt too healthy 3
- Medication not working 4
- I am taking alternative medications . . . 5
- It caused unpleasant side effects 6
- Fear of drug/drug too toxic 7
- Too hard to swallow 8
- Tired of taking medications 9
- Too complicated 10
- Food/water restrictions too hard to follow 11
- I can't afford it/have no insurance coverage 12
- I'm having a baby 13
- Personal decision 14
- Family comes first, I don't have time for both 15
- Family/friends thought I should not take it 16
- Alcohol/drug use 17
- Other reason 18

Specify reason:

STOP HERE

5. PROMPT: IF THIS IS THE FIRST DRUG FORM 1 YOU ARE COMPLETING FOR THIS PARTICIPANT AT THIS VISIT, READ INTRODUCTION 1, OTHERWISE READ INTRODUCTION 2.

INTRODUCTION 1:

This section of the questionnaire asks about how you are currently taking (DRUG). Most people with HIV have many pills to take at different times during the day. Many people find it hard to always remember their pills.

I need to understand how people with HIV are really doing with their medication doses. Please tell me what you are actually doing. Don't worry about telling me that you don't take all your doses. I need to know what is really happening, not what you think I want to hear.

INTRODUCTION 2:

Now I'm going to ask you about how you are currently taking (DRUG).

CIRCLE ONE ANSWER EACH FOR 5A AND 5B.

A. According to your doctor, how many times a day are you **supposed** to take (DRUG)?

- Once per day.....1
- Twice per day.....2
- Three times per day.....3
- Four times per day.....4

B. In what dosage form do you take (DRUG)?

- Pills.....1
- Packs.....2
- Teaspoons / Drops.....3

C. How many total (PILLS/PACKS/TEASPOONS/DROPS) are you **supposed** to take each day?

total

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6. Now I'm going to ask about how you took (DRUG) over the past three days.

A. How many times a day did you take this medication as prescribed? If you took only a portion of a prescribed dose, please report that time(s) as being missed.

- i. Yesterday (DAY): times
- ii. 2 days ago (DAY): times
- iii. 3 days ago (DAY): times

B. How many total (PILLS/PACKS/ TEASPOONS/DROPS) did you take each day:

- i. Yesterday (DAY):
- ii. 2 days ago (DAY):
- iii. 3 days ago (DAY):

7. We are interested in finding out how your use of antiviral medications in the past 3 days compares to the way that you usually take your medications. In the past three days, did you take more, less, or about the same amount of (DRUG) as you usually do?

- More.....1
- Less.....2
- About the same.....3

PROMPT: GO BACK AND COMPLETE FORM 22.