

43 FORM 1—ANTIRETROVIRAL DRUGS

ID Number

Visit No.

DATE

MACSID			
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

4	3	0
VISIT_43		
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

<input type="radio"/> Jan	DAY	YEAR
AVQM_43		
AVQD_43		
AVQY_43		
<input type="radio"/> June	30	03
<input type="radio"/> July	4	04
<input type="radio"/> Aug	5	05
<input type="radio"/> Sept	6	06
<input type="radio"/> Oct	7	07
<input type="radio"/> Nov	8	08
<input type="radio"/> Dec	9	09

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

- abacavir (Ziagen) (218)
- amprenavir (Agenerase) (219)
- atazanavir (Reyataz) (243)
- Combivir (zidovudine & lamivudine) (227)
- delavirdine (Rescriptor) (194)
- didanosine (Videx) (147)
- efavirenz (Sustiva) (220)
- emtricitabine (Emtriva, FTC) (239)
- enfuvirtide (Fuzeon, T-20, pentafuside) (233)
- Epzicom (abacavir, lamivudine) (254)
- fosamprenavir (Lexiva) (249)
- indinavir (Crixivan) (212)
- lamivudine (EpiVir, 3TC) (204)
- lopinavir (Kaletra) (217)
- nelfinavir (Viracept) (216)
- nevirapine (Viramune) (191)
- ritonavir (Norvir) (211)
- saquinavir (Invirase, Fortovase) (210)
- tenofovir (Viread) (234)
- tipranavir (238)
- Trizivir (abacavir + lamivudine + zidovudine) (240)
- Truvada (emtricitabine + tenofovir) (253)
- zidovudine (Retrovir, AZT) (092)

Other →

Name of Drug:

Drug Code

0	100	200	300	400	500	600	700	800	900
0	DRGAV_43								90
0	1	2	3	4	5	6	7	8	9

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_43

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_43

C. Was this part of the AIDS Clinical Trial Group (ACTG) study?

- NO DON'T KNOW
 YES

ACTF1_43

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_43

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
94	95	96	97	98	99	00	01	02	03	04	05

AVRSM_43

AVRSY_43

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_43

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
94	95	96	97	98	99	00	01	02	03	04	05

AVRM_43
AVRY_43

4. Do you take this drug by mouth or receive it by injection?

- by mouth (pill)
 injection

DORIN_43

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 Week or Month

0	10	20	30						
0	1	2	3	4	5	6	7	8	9

PRES1_43
PREST_43

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

1	2	3	4	5	6	7	8	9	10
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NPILT_43

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 Week or Month

0	10	20	30						
0	1	2	3	4	5	6	7	8	9

TINJD_43
INJDU_43

8. Did you start taking this drug since your last visit?

NO (GO TO Q10) YES

START_43

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
	94	95	96	97	98	99	00	01	02	03	04	05

AVSM_43

AVSY_43

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

- 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

LENAV_43

11. Have you experienced any of the following side effects while taking (DRUG)?

(MARK ALL THAT APPLY)

- Low white blood cells (low neutrophils) **SEWBC_43**
- Anemia (low red blood cells/low hemoglobin) **SEANE_43**
- Blood in urine **SEBLU_43**
- Bleeding **SEBLD_43**
- Dizziness/Headaches **SEHED_43**
- Nausea/Vomiting **SEVOT_43**
- Abdominal pain (pancreatitis/abdominal bloating) **SEABP_43**
- Diarrhea **SEDIA_43**
- Muscle pain or weakness (myopathy/myositis/cramps/spasms) **SEMPW_43**
- Burning/tingling in extremities (neuropathy/neuritis/numbness) **SEBTE_43**
- Kidney stones **SEKID_43**
- Kidney failure **SEREN_43**
- Rash **SERAS_43**
- High blood sugar/Diabetes **SEDM_43**
- High cholesterol/High triglycerides **SECHO_43**
- Painful urination **SEURN_43**
- High blood pressure **SEHBP_43**
- Abnormal changes in body fat **SEFAT_43**
- Vivid nightmares or dreams **SENV_43**
- Liver toxicity (abnormal liver function test) **SELTX_43**
- Insomnia or problems sleeping **SEIPS_43**
- Fatigue **SEFTG_43**
- Other, specify:

1) _____	SEOT1_43
2) _____	SEOT2_43
3) _____	SEOT3_43

None of the above

SENOA_43

12. 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 Q14) YES

DECAV_43

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

- Low white blood cells (low neutrophils) **STWBC_43**
- Anemia (low red blood cells/low hemoglobin) **STANE_43**
- Blood in urine **STBLU_43**
- Bleeding **STBLD_43**
- Dizziness/Headaches **STHED_43**
- Nausea/Vomiting **STVOT_43**
- Abdominal pain (pancreatitis/abdominal bloating) **STABP_43**
- Diarrhea **STDIA_43**
- Muscle pain or weakness (myopathy/myositis/cramps/spasms) **STMPW_43**
- Burning/tingling in extremities (neuropathy/neuritis/numbness) **STBTE_43**
- Kidney stones **STKID_43**
- Kidney failure **STREN_43**
- Rash **STRAS_43**
- High blood sugar/Diabetes **STDM_43**
- High cholesterol/High triglycerides **STCHO_43**
- Painful urination **STURN_43**
- High blood pressure **STHBP_43**
- Abnormal changes in body fat **STFAT_43**
- Vivid nightmares or dreams **STNVD_43**
- Liver toxicity (abnormal liver function test) **STLTX_43**
- Insomnia or problems sleeping **STIPS_43**
- Fatigue **STFTG_43**
- Increased viral load **SINVL_43**
- Decreased viral load **SDCVL_43**
- Hospitalized **STHOS_43**
- Personal decision **STPER_43**
- Prescription changes by physician **STDOC_43**
- Too expensive **STEXP_43**
- Too much bother, inconvenient (ran out/vacation to fill prescription) **STINC_43**
- Changed to another drug in order to decrease number of pills or dosing frequency **STCGD_43**
- Study ended **STEND_43**
- Other, specify:

1) _____	STOT1_43
2) _____	STOT2_43
3) _____	STOT3_43

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

- 100% of the time
- 95–99% of the time
- 75–94% of the time
- <75% of the time

MDPRE_43