

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

NO (GO TO Q10) YES

START_44

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
	95	96	97	98	99	00	01	02	03	04	05	06

AVSM_44

AVSY_44

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_44

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_44

12. Why did you stop taking this drug?

(MARK ALL THAT APPLY)

- Low white blood cells (low neutrophils) STWBC_44
- Anemia (low red blood cells/low hemoglobin) STANE_44
- Blood in urine STBLU_44
- Bleeding STBLD_44
- Dizziness/Headaches STHED_44
- Nausea/Vomiting STVOT_44
- Abdominal pain (pancreatitis/abdominal bloating) STABP_44
- Diarrhea STDIA_44
- Muscle pain or weakness (myopathy/myositis/cramps/spasms) STMPW_44
- Burning/tingling in extremities (neuropathy/neuritis/numbness) STBTE_44
- Kidney stones STKID_44
- Kidney failure STREN_44
- Rash STRAS_44
- High blood sugar/Diabetes STDM_44
- High cholesterol/High triglycerides STCHO_44
- Painful urination STURN_44
- High blood pressure STHBP_44
- Abnormal changes in body fat STFAT_44
- Vivid nightmares or dreams STNVD_44
- Liver toxicity (abnormal liver function test) STLTX_44
- Insomnia or problems sleeping STIPS_44
- Fatigue STFTG_44
- Increased viral load SINVL_44
- Decreased viral load SDCVL_44
- Hospitalized STHOS_44
- Personal decision STPER_44
- Prescription changes by physician STDOC_44
- Too expensive STEXP_44
- Too much bother, inconvenient (ran out/vacation to fill prescription) STINC_44
- Changed to another drug in order to decrease number of pills or dosing frequency STCGD_44
- Study ended STEND_44
- Other, specify:

1) _____	STOT1_44	_____
2) _____	STOT2_44	_____
3) _____	STOT3_44	_____

13. 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_44