### 47 FORM 1—ANTIRETROVIRAL DRUGS

#### 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)
- d4T (Zerit, Stavudine) (159)
- delavirdine (Rescriptor) (194)
- didanosine (Videx) (147)
- efavirenz (Sustiva) (228)
- emtricitabine (Emtriva, FTC) (239)
- enfuvirtide (Fuzeon, T-20, pantenfuside) (233)
- Epzicom (abacavir + lamivudine) (254)
- fosapenavir (Lexiva) (249)
- indinavir (Crixivan) (212)

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 [GO TO E] STOP, IF BLINDED.

2. Are you currently taking this drug [not as part of a research study]?
   - NO [GO TO Q3]
   - YES [GO TO Q4] 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.

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

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 [GO TO Q2]
   - YES [GO TO E] STOP, IF BLINDED.

C. Was this part of the AIDS Clinical Trial Group (ACTG) study?
   - NO [DON'T KNOW]
   - YES

D. Are you currently taking this drug as part of the research study?
   - NO [GO TO E]
   - YES

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

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

4. Do you take this drug by mouth or receive it by injection?
   - by mouth (pill)
   - 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]

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

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