47 FORM 1—ANTIRETROVIRAL DRUGS

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

1. Did you take this drug as part of a research study?
   - [ ] NO (GO TO Q2)
   - [ ] YES RESF_48

   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? PLCF_48
   - [ ] NO
   - [ ] YES

   C. Was this part of the AIDS Clinical Trial Group (ACTG) study? ACTF_48
   - [ ] NO
   - [ ] DON'T KNOW
   - [ ] YES

   D. Are you currently taking this drug as part of the research study? RNWF_48
   - [ ] NO (GO TO E.)
   - [ ] YES (STOP, IF BLINDED, GO TO Q4, IF UNBLINDED).

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

   AVYR_48

2. Are you currently taking this drug [not as part of a research study]? AVNW_48
   - [ ] 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.

3. [Since your last visit] In what month and year did you most recently take this drug? AVRM_48 AVRY_48

4. Do you take this drug by mouth or receive it by injection? DORIN_48
   - [ ] 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] NPIL_48

6. According to your doctor, how many pills should you take each time? NPIL_48

7. How many times per day, week, or month do you inject this drug? TINJ_48 INJDU_48

Please continue on the other side.
8. Did you **start** taking this drug since your last visit?
   - NO [GO TO Q10]
   - YES START_48

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

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

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_48

12. Why did you stop taking this drug?
   (MARK ALL THAT APPLY)
   - Low white blood cells (low neutrophils) STWBC_48
   - Anemia (low red blood cells/low hemoglobin) STANE_48
   - Blood in urine STBLU_48
   - Bleeding STBLD_48
   - Dizziness/Headaches STHED_48
   - Nausea/Vomiting STVOT_48
   - Abdominal pain (pancreatitis/abdominal bloating) STABP_48
   - Diarrhea STDIA_48
   - Muscle pain or weakness (myopathy/myositis/myalgia) STMPW_48
   - Cramps/spasms
   - Burning/tingling in extremities STBTE_48
   - Kidney stones STKID_48
   - Kidney failure STREN_48
   - Rash STRAS_48
   - High blood sugar/Diabetes STDM_48
   - High cholesterol/High triglycerides STCHO_48
   - Painful urination STURN_48
   - High blood pressure STHP_48
   - Abnormal changes in body fat STFAT_48
   - Vivid nightmares or dreams STNVD_48
   - Liver toxicity (abnormal liver function test) STLTX_48
   - Insomnia or problems sleeping STIPS_48
   - Fatigue STFTG_48
   - Increased viral load SINV_48
   - Decreased viral load SDCVL_48
   - Hospitalized STHOS_48
   - Personal decision STPER_48
   - Prescription changes by physician STDOC_48
   - Too expensive STEXP_48
   - Too much bother, inconvenient (ran out/vacation/unable to fill prescription) STINC_48
   - Changed to another drug in order to decrease number of pills or dosing frequency STCGD_48
   - Study ended STEND_48
   - Other, specify: ____________________________

13. On average, how often did you take your medication as prescribed?
    - 100% of the time MDPRE_48
    - 95–99% of the time
    - 75–94% of the time
    - <75% of the time