### FORM 1—ANTIRETROVIRAL DRUGS

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

<table>
<thead>
<tr>
<th>Name of Drug:</th>
<th>Drug Code</th>
<th>ID Number</th>
<th>Visit No.</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>abacavir (Ziagen) (218)</td>
<td></td>
<td>0 0</td>
<td>0</td>
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<tr>
<td>atazanavir (Reyzata) (243)</td>
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<td>1 1</td>
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<tr>
<td>Atripla (efavirenz + emtricitabine + tenofovir) (262)</td>
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<tr>
<td>Combivir (zidovudine &amp; lamivudine) (227)</td>
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<tr>
<td>d4T (Zerit, Stavudine) (159)</td>
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<tr>
<td>delavirdine (Rescriptor) (194)</td>
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<tr>
<td>didanosine (Videx) (147)</td>
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<td>didanosine (Videx) (147)</td>
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<tr>
<td>efavirenz (Sustiva) (220)</td>
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<td>efavirenz (Sustiva) (220)</td>
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<tr>
<td>emtricitabine (Emtriva, FTC) (239)</td>
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<tr>
<td>enfuvirtide (Fuzeon, T-20, pantastuside) (233)</td>
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<tr>
<td>Epzicom (abacavir + lamivudine) (254)</td>
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<tr>
<td>fosamprenavir (Lexiva) (249)</td>
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<tr>
<td>indinavir (Crixivan) (212)</td>
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<tr>
<td>lamivudine (Epivir, 3TC) (204)</td>
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<td>lopinavir (Kaletra) (217)</td>
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<tr>
<td>nelfinavir (Viracept) (216)</td>
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<tr>
<td>nevirapine (Viramune) (191)</td>
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<tr>
<td>ritonavir (Norvir) (211)</td>
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<tr>
<td>saquinavir (Invirase, Fortovase) (210)</td>
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<tr>
<td>tenofovir (Viread) (234)</td>
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<tr>
<td>tipranavir (238)</td>
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<tr>
<td>Trizivir (abacavir + lamivudine + zidovudine) (240)</td>
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<tr>
<td>Truvada (emtricitabine + tenofovir) (234)</td>
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<tr>
<td>zidovudine (Retrovir, AZT) (262)</td>
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<td>Other</td>
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</table>

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

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

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

4. **Do you take this drug by mouth or receive it by injection?**
   - by mouth (pill or liquid)
   - 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 or doses should you take each time?**

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

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

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

12. Why did you stop taking this drug? (MARK ALL THAT APPLY)  
   ○ Low white blood cells (low neutrophils)  
   ○ Anemia (low red blood cells/low hemoglobin)  
   ○ Blood in urine  
   ○ Bleeding  
   ○ Dizziness/Headaches  
   ○ Nausea/Vomiting  
   ○ Abdominal pain (pancreatitis/abdominal bloating/cramps)  
   ○ Diarrhea  
   ○ Muscle pain or weakness (myopathy/myositis/muscle cramps/spasms)  
   ○ Burning/tingling in extremities (neuropathy/neuritis/numbness)  
   ○ Kidney stones  
   ○ Kidney failure  
   ○ Rash  
   ○ High blood sugar/Diabetes  
   ○ High cholesterol/High triglycerides  
   ○ Painful urination  
   ○ High blood pressure  
   ○ Abnormal changes in body fat  
   ○ Vivid nightmares or dreams  
   ○ Liver toxicity (abnormal liver function test)  
   ○ Insomnia or problems sleeping  
   ○ Fatigue  
   ○ Increased viral load  
   ○ Decreased viral load  
   ○ Hospitalized  
   ○ Personal decision  
   ○ Prescription changes by physician  
   ○ Too expensive  
   ○ Too much bother, inconvenient (ran out/vacation/unable to fill prescription)  
   ○ Changed to another drug in order to decrease the number of pills or dosing frequency  
   ○ Study ended  
   ○ Other, specify:

   1) ___________________________
   2) ___________________________
   3) ___________________________

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