01 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>MACSID</th>
<th>VISIT_49</th>
<th>ID Number</th>
<th>Visit No.</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>abacavir (Ziagen) (218)</td>
<td></td>
<td>1 2 3</td>
<td>1 2 3</td>
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<tr>
<td>atazanavir (Reyataz) (243)</td>
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<td>4 5 6</td>
<td>4 5 6</td>
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<tr>
<td>At틴ia (efavirenz + emtricitabine + tenofovir) (262)</td>
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<td>7 8 9</td>
<td>7 8 9</td>
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<tr>
<td>Combizin (zidovudine &amp; lamivudine) (227)</td>
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<td>10 11 12</td>
<td>10 11 12</td>
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<tr>
<td>d4T (Zerit, Stavudine) (159)</td>
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<td>13 14 15</td>
<td>13 14 15</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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<tr>
<td>efavirenz (Sustiva) (220)</td>
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<td>22 23 24</td>
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<tr>
<td>emtricitabine (Emtriva, FTC) (239)</td>
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<td>25 26 27</td>
<td>25 26 27</td>
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<tr>
<td>enfuvirtide (Fuzeon, T-20, pantaslide) (233)</td>
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<td>28 29 30</td>
<td>28 29 30</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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<td>34 35 36</td>
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<td>indinavir (Crixivan) (212)</td>
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<tr>
<td>lamivudine (Epivir, 3TC) (204)</td>
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<td>40 41 42</td>
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<tr>
<td>lopinavir (Kaletra) (217)</td>
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<tr>
<td>nelfinavir (Viracept) (216)</td>
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<td>46 47 48</td>
<td>46 47 48</td>
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<tr>
<td>nevirapine (Viramune) (191)</td>
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<td>49 50 51</td>
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<tr>
<td>ritonavir (Norvir) (211)</td>
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<td>52 53 54</td>
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<tr>
<td>saquinavir (Invirase, Fortovase) (210)</td>
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<td>55 56 57</td>
<td>55 56 57</td>
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<tr>
<td>tenofovir (Viread) (234)</td>
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<td>58 59 60</td>
<td>58 59 60</td>
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<tr>
<td>tipranavir (238)</td>
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<td>61 62 63</td>
<td>61 62 63</td>
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<tr>
<td>Trizivir (abacavir + lamivudine + zidovudine) (240)</td>
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<td>64 65 66</td>
<td>64 65 66</td>
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<td></td>
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<tr>
<td>Truvada (emtricitabine + tenofovir) (253)</td>
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<td>67 68 69</td>
<td>67 68 69</td>
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<tr>
<td>zidovudine (Retrovir, AZT) (092)</td>
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<td>70 71 72</td>
<td>70 71 72</td>
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</tbody>
</table>

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_49]

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 [PLCF1_49]
- YES [DON'T KNOW ACTF1_49]

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

- NO [DON'T KNOW ACTF1_49]
- YES [RESF1_49]

D. Are you currently taking this drug as part of the research study?

- NO [GO TO Q5]
- YES [RESF1_49]

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

- Jan
- Feb
- Mar
- Apr
- May
- June
- July
- Aug
- Sept
- Oct
- Nov
- Dec

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

- Jan
- Feb
- Mar
- Apr
- May
- June
- July
- Aug
- Sept
- Oct
- Nov
- Dec

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 each time?

- NUMBER OF TIMES PER
- Day
- Week
- Month

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

- NUMBER OF TIMES PER
- Day
- Week
- Month

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

- NUMBER OF TIMES PER
- Day
- Week
- Month

Please continue on the other side.
8. Did you start taking this drug since your last visit?  
○ NO  [GO TO Q10]  ○ YES  START_49

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  
LENAV_49

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_49

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

○ Low white blood cells (low neutrophils)  STWBC_49  
○ Anemia (low red blood cells/low hemoglobin)  STANE_49  
○ Blood in urine  STBLU_49  
○ Bleeding  STBLO_49  
○ Dizziness/Headaches  STHED_49  
○ Nausea/Vomiting  STVOT_49  
○ Abdominal pain (pancreatitis/abdominal bloating/cramps/spasms)  STABP_49  
○ Diarrhea  STDIA_49  
○ Muscle pain or weakness (myopathy/myositis)  STMPW_49  
○ Burning/tingling in extremities (neuropathy/neuritis/numbness)  STBTE_49  
○ Kidney stones  STKID_49  
○ Kidney failure  STREN_49  
○ Rash  STRAS_49  
○ High blood sugar/Diabetes  STDM_49  
○ High cholesterol/High triglycerides  STCHO_49  
○ Painful urination  STURN_49  
○ High blood pressure  STHB_49  
○ Abnormal changes in body fat  STFAT_49  
○ Vivid nightmares or dreams  STNV_49  
○ Liver toxicity (abnormal liver function test)  STLTX_49  
○ Insomnia or problems sleeping  STIPS_49  
○ Fatigue  STFTG_49  
○ Increased viral load  SINV_49  
○ Decreased viral load  SDCVL_49  
○ Hospitalized  STHOS_49  
○ Personal decision  STPER_49  
○ Prescription changes by physician  STDPC_49  
○ Too expensive  STEXP_49  
○ Too much bother, inconvenient (ran out/vacation/unable to fill prescription)  STINC_49  
○ Changed to another drug in order to decrease number of pills or dosing frequency  STCGD_49  
○ Study ended  STEND_49  
○ Other, specify:  

1)  STOT1_49  
2)  STOT2_49  
3)  STOT3_49

13. On average, how often did you take your medication as prescribed?  
○ 100% of the time  MDPRE_49  
○ 95–99% of the time  
○ 75–94% of the time  
○ <75% of the time