

50 FORM 1—ANTIRETROVIRAL DRUGS

ID Number

Visit No.

DATE

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

- abacavir (Ziagen) (218)
- atazanavir (Reyataz) (243)
- Atripla (efavirenz + emtricitabine + tenofovir) (262)
- Combivir (zidovudine & lamivudine) (227)
- d4T (Zerit, Stavudine) (159)
- delavirdine (Rescriptor) (194)
- didanosine (Videx) (147)
- efavirenz (Sustiva) (220)
- emtricitabine (Emtriva, FTC) (239)
- enfuvirtide (Fuzeon, T-20, pentafuside) (233)
- Epzicom (abacavir + lamivudine) (254)
- fosamprenavir (Lexiva) (249)
- indinavir (Crixivan) (212)
- lamivudine (EpiVir, 3TC) (204)
- lopinavir/ritonavir (Kaletra, LPV) (217)
- nelfinavir (Viracept) (216)
- nevirapine (Viramune) (191)
- ritonavir (Norvir) (211)
- saquinavir (Invirase, Fortovase) (210)
- tenofovir (Viread) (234)
- tipranavir (Aptivus, TPV) (238)
- Trizivir (abacavir + lamivudine + zidovudine) (240)
- Truvada (emtricitabine + tenofovir) (253)
- zidovudine (Retrovir, AZT) (092)
- Other →

MACSID

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

VISIT_50

1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

DATE	DAY	YEAR
<input type="radio"/> Jan		
<input type="radio"/> Feb		
<input type="radio"/> Mar	0	00
<input type="radio"/> Apr		AVQM_50
<input type="radio"/> May		AVQD_50
<input type="radio"/> Jun		AVQY_50
<input type="radio"/> July	4	04
<input type="radio"/> Aug	5	05
<input type="radio"/> Sept	6	06
<input type="radio"/> Oct	7	07
<input type="radio"/> Nov	8	08
<input type="radio"/> Dec	9	09

Drug Code

0	100	500	500	500	500	700	800	900	
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

DRGAV_50

Name of Drug:

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_50**

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 YES **PLCF1_50**

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

- NO DON'T KNOW **ACTF1_50**
 YES

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

- NO (GO TO E.) YES **STOP, IF BLINDED. GO TO Q4, IF UNBLINDED. RNWF1_50**

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

J	F	M	A	M	J	J	A	S	O	N	D
99	00	01	02	03	04	05	06	07	08	09	10

AVRSM_50
AVRSY_50

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

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

- NO (GO TO Q3) YES (GO TO Q4) **AVNW_50**

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?

J	F	M	A	M	J	J	A	S	O	N	D
99	00	01	02	03	04	05	06	07	08	09	10

AVRM_50
AVRY_50

4. Do you take this drug by mouth or receive it by injection?

- by mouth (pill or liquid) **DORIN_50**
 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]

NUMBER OF TIMES PER Day or Week or Month

0	10	20	30
0	1		

PRES1_50 7 8 9

PREST_50

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

1	2	3	4	5	6	7	8	9	10
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NPILT_50
IF BY MOUTH, SKIP TO Q8.

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

NUMBER OF TIMES PER Day or Week or Month

0	10	20	30
0	1		

TINJD_50 7 8 9

INJDU_50

Please continue on the other side.

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

NO (GO TO Q10) YES **START_50**

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	AVSM_50
	99	00	01	02	03	04	05	06	07	08	09	10	AVSY_50

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_50**

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_50**

12. Why did you stop taking this drug?

(MARK ALL THAT APPLY)

- Low white blood cells (low neutrophils) **STWBC_50**
- Anemia (low red blood cells/low hemoglobin) **STANE_50**
- Blood in urine **STBLU_50**
- Bleeding **STBLD_50**
- Dizziness/Headaches **STHED_50**
- Nausea/Vomiting **STVOT_50**
- Abdominal pain (pancreatitis/abdominal bloating) **STABP_50**
- Diarrhea **STDIA_50**
- Muscle pain or weakness (myopathy/myositis/cramps/spasms) **STMPW_50**
- Burning/tingling in extremities (neuropathy/neuritis/numbness) **STBTE_50**
- Kidney stones **STKID_50**
- Kidney failure **STREN_50**
- Rash **STRAS_50**
- High blood sugar/Diabetes **STDM_50**
- High cholesterol/High triglycerides **STCHO_50**
- Painful urination **STURN_50**
- High blood pressure **STHBP_50**
- Abnormal changes in body fat **STFAT_50**
- Vivid nightmares or dreams **STNVD_50**
- Liver toxicity (abnormal liver function test) **STLTX_50**
- Insomnia or problems sleeping **STIPS_50**
- Fatigue **STGTG_50**
- Increased viral load **SINVL_50**
- Decreased viral load **SDCVL_50**
- Hospitalized **STHOS_50**
- Personal decision **STPER_50**
- Prescription changes by physician **STDOC_50**
- Too expensive **STEXP_50**
- Too much bother, inconvenient (ran out/vacation to fill prescription) **STINC_50**
- Changed to another drug in order to decrease number of pills or dosing frequency **STCGD_50**
- Study ended **STEND_50**
- Other, specify:

1) _____	STOT1_50
2) _____	STOT2_50
3) _____	STOT3_50

13. On average, how often did you take your medication as prescribed?

MDPRE_50

- 100% of the time
- 95–99% of the time
- 75–94% of the time
- <75% of the time