50 FORM 1—ANTIRETROVIRAL DRUGS

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

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
   ○ YES ACTF1_50

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?
   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 USE.

3. [Since your last visit] In what month and year did you most recently take this drug?
  _AVRM_50
   AVRY_50

4. Do you take this drug by mouth or receive it by injection?
   ○ by mouth (pill or liquid)
   ○ injection DORIN_50

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]
   ○ Day
   ○ Week
   ○ Month

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

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

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?

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) TWBC_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/myoglobinuria/cramp/spasms) STMPW_50
- Burning/tingling in extremities 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 STGFG_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/unable 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?
- 100% of the time MDPRE_50
- 95–99% of the time
- 75–94% of the time
- <75% of the time