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_51)

   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_51)

   C. Was this part of the AIDS Clinical Trial Group (ACTG) study?
   - NO
   - DON'T KNOW (ACTF1_51)
   - 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. RNF1_51)

   E. [Since your last visit] In what month and year did you most recently take this drug as part of the research study?
   - AVRS1_51
   - AVRSY_51

   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_51)

   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_51
   - AVRY_51

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]
   - Number
   - Day
   - Week
   - Month
   - AVDRGAV_51
   - AVDRG_51
   - AVDR_51

6. According to your doctor, how many pills or doses should you take each time?
   - Number
   - Day
   - Week
   - Month
   - AVNPIL_51
   - AVPIL_51
   - AV_51

7. How many times per day, week, or month do you inject this drug?
   - Number
   - Day
   - Week
   - Month
   - AVTDIN_51
   - AVIN_51
   - AV_51

Please continue on the other side.
8. Did you start taking this drug since your last visit?  
☐ NO  [GO TO Q10]  ☐ YES  START_51

9. [Since your last visit] In what month and year did you start taking this drug?  
☐ J  ☐ F  ☐ M  ☐ A  ☐ M  ☐ J  ☐ A  ☐ S  ☐ N  ☐ D  ☐ 01  ☐ 02  ☐ 03  ☐ 04  ☐ 05  ☐ 06  ☐ 07  ☐ 08  ☐ 09  ☐ 10  ☐ 11  ☐ 12  AVSM_51  AVSY_51

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_51

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_51

12. Why did you stop taking this drug?  
(MARK ALL THAT APPLY)
- Low white blood cells (low neutrophils)  STWBC_51
- Anemia (low red blood cells/low hemoglobin)  STANE_51
- Blood in urine  STBLU_51
- Bleeding  STBLD_51
- Dizziness/Headaches  STHED_51
- Nausea/Vomiting  STVOT_51
- Abdominal pain (pancreatitis/abdominal bloating)  STABP_51
- Diarrhea  STDIA_51
- Muscle pain or weakness (myopathy/myositis/muscle cramps/spasms)  STMPW_51
- Burning/tingling in extremities (neuropathy/neuritis/numbness)  STBTE_51
- Kidney stones  STKID_51
- Kidney failure  STREN_51
- Rash  STRAS_51
- High blood sugar/Diabetes  STDM_51
- High cholesterol/High triglycerides  STCHO_51
- Painful urination  STURN_51
- High blood pressure  STHBP_51
- Abnormal changes in body fat  STFAT_51
- Vivid nightmares or dreams  STNVD_51
- Liver toxicity (abnormal liver function test)  STLTX_51
- Insomnia or problems sleeping  STIPS_51
- Fatigue  STFTG_51
- Increased viral load  SINV1_51
- Decreased viral load  SDCVL_51
- Hospitalized  STHOS_51
- Personal decision  STPER_51
- Prescription changes by physician  STDOC_51
- Too expensive  STEXP_51
- Too much bother, inconvenient (ran out/vacation/unable to fill prescription)  STINC_51
- Changed to another drug in order to decrease the number of pills or dosing frequency  STCGD_51
- Study ended  STEND_51
- Other, specify:  STOT1_51  STOT2_51  STOT3_51

13. On average, how often did you take your medication as prescribed?  
☐ 100% of the time  MDPRE_51
☐ 95–99% of the time
☐ 75–94% of the time
☐ <75% of the time