51 FORM 1—ANTIRETROVIRAL DRUGS

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_52]

2. Are you currently taking this drug [not as part of a research study]?
   - NO  [GO TO Q3]
   - YES  [AVNW_52]

3. [Since your last visit] In what month and year did you most recently take this drug?
   - IF BY INJECTION, SKIP TO Q7.
   - AVRM_52
   - AVRY_52

4. Do you take this drug by mouth or receive it by injection?
   - by mouth (pill or liquid)
   - injection
   - DORIN_52

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?
   - TINJ_52
   - INJDU_52

Please continue on the other side.
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  

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/abdominal cramps/spasms)  
☐ 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) _______  

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  
☐ YES  

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  

9. [Since your last visit] In what month and year did you start taking this drug?  

☐ J  
☐ F  
☐ M  
☐ A  
☐ S  
☐ O  
☐ N  
☐ D  
☐ 01  
☐ 02  
☐ 03  
☐ 04  
☐ 05  
☐ 06  
☐ 07  
☐ 08  
☐ 09  
☐ 10  
☐ 11  
☐ 12  

AVSM_52  
AVSY_52

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

☐ NO  [GO TO Q10]  
☐ YES  

STNAV_52

6. Since your last clinic visit, 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)  
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☐ 11  
☐ 12  

AVSM_52  
AVSY_52

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

☐ NO  [GO TO Q10]  
☐ YES  

STNAV_52

2. Since your last clinic visit, how long have you used (DRUG)?  

☐ One week or less  
☐ More than 1 week but less than 1 month  
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AVSM_52  
AVSY_52

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

☐ NO  [GO TO Q10]  
☐ YES  

STNAV_52

10. Since your last visit in (MONTH), how long have you used (DRUG)?  

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☐ 12  

AVSM_52  
AVSY_52

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

☐ NO  [GO TO Q10]  
☐ YES  

STNAV_52

7. Since your last clinic visit, how long have you used (DRUG)?  

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☐ 11  
☐ 12  

AVSM_52  
AVSY_52

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

☐ NO  [GO TO Q10]  
☐ YES  

STNAV_52

4. Since your last clinic visit, 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  

3. Since your last clinic visit, in what month and year did you start taking this drug?  

☐ J  
☐ F  
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☐ A  
☐ S  
☐ O  
☐ N  
☐ D  
☐ 01  
☐ 02  
☐ 03  
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☐ 08  
☐ 09  
☐ 10  
☐ 11  
☐ 12  

AVSM_52  
AVSY_52

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

☐ NO  [GO TO Q10]  
☐ YES  

STNAV_52

1. Since your last clinic visit, how long have you used (DRUG)?  

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☐ 1–2 months (includes 2 months and longer, but less than 3 months)  
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☐ 5–6 months  
☐ More than 6 months  

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

☐ NO  [GO TO Q10]  
☐ YES  

STNAV_52