8. Did you start taking this drug since your last visit?  
○ NO  [GO TO Q10]  ○ YES

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

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

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/cramps)  
○ 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) ____________________________

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