Effective January 18, 2011, the variable visit number suffix was changed from 2 digits (i.e., VARIABLE_54) to a 3 digit suffix (i.e., VARIABLE_504) and affects all visit questionnaires variables from the first visit onward.

### 53 FORM 1—ANTIRETROVIRAL DRUGS

<table>
<thead>
<tr>
<th>Name of Drug:</th>
<th>Code</th>
<th>Visit No.</th>
<th>Date</th>
<th>ID Number</th>
<th>Drug Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abacavir (Ziagen) (218)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atazanavir (Reyataz) (243)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atripla (efavirenz + emtricitabine + tenofovir) (262)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combivir (zidovudine &amp; lamivudine) (227)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d4T (Zerit, stavudine) (159)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Darunavir (Prezista) (256)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Didanosine (Videx) (147)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Efavirenz (Sustiva) (220)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emtricitabine (Emtriva, FTC) (239)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epzicom (abacavir + lamivudine) (254)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Etravirine (Intelegence, TMC-125) (255)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fosamprenavir (Lexiva) (249)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indinavir (Crixivan) (212)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You said you were taking (DRUG) since your last visit:

1. Did you take this drug as part of a research study?
   - [ ] NO (GO TO Q2)
   - [ ] YES RESF1_53

2. Are you currently taking this drug as part of the research study?
   - [ ] NO (GO TO E.)
   - [ ] YES RNWF1_53
   - [ ] STOP, IF BLINDED, GO TO Q4, IF UNBLINDED.

3. [Since your last visit] In what month and year did you most recently take this drug?
   - Name of Drug: AVRM_53
   - Code: AVRY_53

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 this drug? [IF NOT CURRENTLY TAKING DRUG, USE MOST RECENT TIME]
   - Number of times: PRES1_53
   - Day, week, or month: PRET_53

6. According to your doctor, how many pills or doses should you take each time?
   - Number: NPIL1_53
   - IF BY MOUTH, SKIP TO Q8.

7. How many times per day, week, or month do you inject this drug?
   - Number: TINJ_53
   - Day, week, or month: INJDU_53

Please continue on the other side.
8. Did you start taking this drug since your last visit?  
☐ NO  [GO TO Q10]  ☐ YES  START_53

9. [Since your last visit] In what month and year did you start taking this drug?  
☐ J ☐ F ☐ M ☐ A ☐ M ☐ J ☐ A ☐ S ☐ O ☐ N ☐ D  
☐ 01  ☐ 02  ☐ 03  ☐ 04  ☐ 05  ☐ 06  ☐ 07  ☐ 08  ☐ 09  ☐ 10  ☐ 11  ☐ 12  AVSM_53  AVSY_53

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_53

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_53

12. Why did you stop taking this drug?  
(MARK ALL THAT APPLY)
☐ Low white blood cells (low neutrophils)  STWBC_53
☐ Anemia (low red blood cells/low hemoglobin)  STANE_53
☐ Blood in urine  STBLU_53
☐ Bleeding  STBLD_53
☐ Dizziness/Headaches  STHED_53
☐ Nausea/Vomiting  STVOT_53
☐ Abdominal pain (pancreatitis/abdominal bloating)  STABP_53
☐ Diarrhea  STDIA_53
☐ Muscle pain or weakness (myopathy/myositis/muscle cramps/spasms)  STMPW_53
☐ Burning/tingling in extremities  STBTE_53
☐ (neuropathy/neuritis/numbness)  STKID_53
☐ Kidney stones  STKID_53
☐ Kidney failure  STREN_53
☐ Rash  STRAS_53
☐ High blood sugar/Diabetes  STDM_53
☐ High cholesterol/High triglycerides  STCHO_53
☐ Painful urination  STURN_53
☐ High blood pressure  STHPB_53
☐ Abnormal changes in body fat  STFAT_53
☐ Vivid nightmares or dreams  STNVD_53
☐ Liver toxicity (abnormal liver function test)  STLTX_53
☐ Insomnia or problems sleeping  STIPS_53
☐ Fatigue  STFTQ_53
☐ Increased viral load  SINVL_53
☐ Decreased viral load  SDCVL_53
☐ Hospitalized  STHOS_53
☐ Personal decision  STPER_53
☐ Prescription changes by physician  STDPC_53
☐ Too expensive  STEXP_53
☐ Too much bother, inconvenient (ran out/vacation/unable to fill prescription)  STINC_53
☐ Changed to another drug in order to decrease number of pills or dosing frequency  STCGD_53
☐ Study ended  STEND_53
☐ Other, specify:  STOT1_53

1) ___________________________  STOT2_53
2) ___________________________  STOT3_53

13. On average, how often did you take your medication as prescribed?  
☐ 100% of the time  MDPRE_53
☐ 95–99% of the time
☐ 75–94% of the time
☐ <75% of the time