

42 FORM 1—ANTI-VIRAL DRUGS

ID Number			Visit No.			DATE		
MACSID			VISIT_42			<input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> Aug <input type="radio"/> Sept <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec		
<input type="radio"/> 3-TC (Epivir, Lamivudine) <input type="radio"/> Abacavir (Ziagen) <input type="radio"/> Amprenavir (Agenerase) <input type="radio"/> AZT (Retrovir, Zidovudine) <input type="radio"/> Atazanavir (Reyataz, BMS-232632) <input type="radio"/> Combivir (AZT & 3-TC) <input type="radio"/> d4T (Zerit, Stavudine) <input type="radio"/> ddI (Dideoxyinosine, Didanosine, Videx) <input type="radio"/> Delavirdine (Rescriptor) <input type="radio"/> Efavirenz (Sustiva) <input type="radio"/> Emtriva (Emtricitabine, Coviracil, FTC) <input type="radio"/> Epzicom (Abacavir + Lamivudine) <input type="radio"/> Lexiva (Fosamprenavir)			<input type="radio"/> Fuzeon (Pentafuside, Enfuvirtide, T-20) <input type="radio"/> Indinavir (Crixivan) <input type="radio"/> Lopinavir/r (Kaletra) <input type="radio"/> Nelfinavir (Viracept) <input type="radio"/> Nevirapine (Viramune) <input type="radio"/> Ritonavir (Norvir) <input type="radio"/> Saquinavir (Invirase, Fortovase) <input type="radio"/> Tenofovir (Viread) <input type="radio"/> Tipranavir <input type="radio"/> Trizivir (Abacavir + Zidovudine + Lamivudine) <input type="radio"/> Truvada (Tenofovir + Emtricitabine)			DAY YEAR 4 2 0 04 04 05 05 06 06 07 07 08 08 09 09		

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

- 3-TC (Epivir, Lamivudine)
- Abacavir (Ziagen)
- Amprenavir (Agenerase)
- AZT (Retrovir, Zidovudine)
- Atazanavir (Reyataz, BMS-232632)
- Combivir (AZT & 3-TC)
- d4T (Zerit, Stavudine)
- ddI (Dideoxyinosine, Didanosine, Videx)
- Delavirdine (Rescriptor)
- Efavirenz (Sustiva)
- Emtriva (Emtricitabine, Coviracil, FTC)
- Epzicom (Abacavir + Lamivudine)
- Lexiva (Fosamprenavir)
- Fuzeon (Pentafuside, Enfuvirtide, T-20)
- Indinavir (Crixivan)
- Lopinavir/r (Kaletra)
- Nelfinavir (Viracept)
- Nevirapine (Viramune)
- Ritonavir (Norvir)
- Saquinavir (Invirase, Fortovase)
- Tenofovir (Viread)
- Tipranavir
- Trizivir (Abacavir + Zidovudine + Lamivudine)
- Truvada (Tenofovir + Emtricitabine)

Other →

Name of Drug:

Drug Code DRGAV_42

0	100	200	300	400	500	600	700	800	900
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

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_42

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_42

C. Was this part of the AIDS Clinical Trial Group (ACTG)?

- NO DON'T KNOW ACTF1_42
 YES

D. Are you currently taking this drug as part of the research study?

- NO (GO TO E.) YES STOP, IF
 GO TO Q4, IF UNBLINDED. RNWF1_42

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

J	F	M	A	M	J	J	A	S	O	N	D
94	95	96	97	98	99	00	01	02	03	04	05

AVRSM_42
AVRSY_42

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_42

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?

J	F	M	A	M	J	J	A	S	O	N	D
94	95	96	97	98	99	00	01	02	03	04	05

AVRM_42
AVRY_42

4. Do you take this drug orally by pill or receive it by injection?

- pill
 injection

DORIN_42

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 OF TIMES PER

Day or Week or Month

0	10	20	30						
0	1	2	3	4	5	6	7	8	9

PRES1_42
PREST_42

6. According to your doctor, how many pills should you take each time?

1	2	3	4	5	6	7	8	9	10
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NPILT_42

IF BY PILL, SKIP TO Q8.

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

NUMBER OF TIMES PER

Day or Week or Month

0	10	20	30						
0	1	2	3	4	5	6	7	8	9

TINJD_42
INJDU_42

8. Did you start taking this drug since your last visit?
 NO (GO TO Q10) YES **START_42**

9. [Since your last visit] In what month and year did you start taking this drug?
AVSM_42
AVSY_42

	J	F	M	A	M	J	J	A	S	O	N	D
	94	95	96	97	98	99	00	01	02	03	04	05

10. Since your last visit in (MONTH), how long have you used (DRUG)? **LENAV_42**

- 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. Have you experienced any of the following side effects while taking (DRUG)?
(MARK ALL THAT APPLY)

- Low white blood cells (low neutrophils) **SEWBC_42**
- Anemia (low red blood cells/low hemoglobin) **SEANE_42**
- Blood in urine **SEBLU_42**
- Bleeding **SEBLD_42**
- Dizziness/Headaches **SEHED_42**
- Nausea/Vomiting **SEVOT_42**
- Abdominal pain (pancreatitis/abdominal blo) **SEABP_42**
- Muscle pain or weakness (myopathy/myosi) **SEMPW_42**
cramps/spasms)
- Burning/tingling in extremities **SEBTE_42**
(neuropathy/neuritis/numbness)
- Diarrhea **SEDia_42**
- Kidney stones **SEKID_42**
- Renal failure **SEREN_42**
- Rash **SERAS_42**
- High blood sugar/Diabetes **SEDM_42**
- High cholesterol/High triglycerides **SECHO_42**
- Painful urination **SEURN_42**
- High blood pressure **SEHBP_42**
- Abnormal changes in body fat **SEFAT_42**
- Vivid nightmares or dreams **SENV_42**
- Liver toxicity (abnormal liver function test) **SELTX_42**
- Insomnia or problems sleeping **SEIPS_42**
- Other, specify: **SEOT1_42**

1) _____	SEOT2_42
2) _____	SEOT3_42
3) _____	
- None of the above **SENOA_42**

12. Did you stop taking this drug, for 2 days or longer, at any time since your last visit? [DOES NOT INCLUDE ALTERNATING DRUG USE] **DECAV_42**
 NO (GO TO Q14) YES

13. Why did you stop taking this drug?
(MARK ALL THAT APPLY)

- Low white blood cells (low neutrophils) **STWBC_42**
- Anemia (low red blood cells/low hemoglobin) **STANE_42**
- Blood in urine **STBLU_42**
- Bleeding **STBLD_42**
- Dizziness/Headaches **STHED_42**
- Nausea/Vomiting **STVOT_42**
- Abdominal pain (pancreatitis/abdominal bloat) **STABP_42**
- Muscle pain or weakness (myopathy/myositis) **STMPW_42**
cramps/spasms)
- Burning/tingling in extremities **STBTE_42**
(neuropathy/neuritis/numbness)
- Diarrhea **STDIA_42**
- Kidney stones **STKID_42**
- Renal failure **STREN_42**
- Rash **STRAS_42**
- High blood sugar/Diabetes **STDM_42**
- High cholesterol/High triglycerides **STCHO_42**
- Painful urination **STURN_42**
- High blood pressure **STHBP_42**
- Abnormal changes in body fat **STFAT_42**
- Vivid nightmares or dreams **STNV_42**
- Liver toxicity (abnormal liver function test) **STLTX_42**
- Insomnia or problems sleeping **STIPS_42**
- Increased viral load **SINVL_42**
- Decreased viral load **SDCVL_42**
- Hospitalized **STHOS_42**
- Personal decision **STPER_42**
- Prescription changes by physician **STDOC_42**
- Too expensive **STEXP_42**
- Too much bother, inconvenient (ran out/vacat) **STINC_42**
to fill prescription)
- Changed to another drug in order to decrease **STCGD_42**
number of pills or dosing frequency
- Other, specify: **STOT1_42**

1) _____	STOT2_42	STOT3_42
2) _____		
3) _____		

14. On average, how often did you take your medication as prescribed? **MDPRE_42**

- 100% of the time
- 95–99% of the time
- 75–94% of the time
- <75% of the time