

# 43 FORM 1—ANTIRETROVIRAL DRUGS

ID Number	Visit No.	DATE
<input type="text"/>	4 3 0	<input type="radio"/> Jan DAY YEAR <input type="radio"/> Feb <input type="radio"/> Mar <b>AVQM_43</b> <input type="radio"/> Apr <b>AVQD_43</b> <input type="radio"/> May <b>AVQY_43</b> <input type="radio"/> June <input type="radio"/> July (4) 04 <input type="radio"/> Aug (5) 05 <input type="radio"/> Sept (6) 06 <input type="radio"/> Oct (7) 07 <input type="radio"/> Nov (8) 08 <input type="radio"/> Dec (9) 09

MACSID	VISIT_43	Drug Code
<input type="text"/>	<input type="text"/>	<input type="text"/> 0 100 200 300 400 500 600 700 800 900 <input type="text"/> 0 <b>DRGAV_43</b> 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9

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

- |   |   |
|---|---|
| <input type="radio"/> abacavir (Ziagen) (218)                       | <input type="radio"/> lamivudine (Epivir, 3TC) (204)                      |
| <input type="radio"/> amprenavir (Agenerase) (219)                  | <input type="radio"/> lopinavir (Kaletra) (217)                           |
| <input type="radio"/> atazanavir (Reyataz) (243)                    | <input type="radio"/> nelfinavir (Viracept) (216)                         |
| <input type="radio"/> Combivir (zidovudine & lamivudine) (227)      | <input type="radio"/> nevirapine (Viramune) (191)                         |
| <input type="radio"/> delavirdine (Rescriptor) (194)                | <input type="radio"/> ritonavir (Norvir) (211)                            |
| <input type="radio"/> didanosine (Videx) (147)                      | <input type="radio"/> saquinavir (Invirase, Fortovase) (210)              |
| <input type="radio"/> efavirenz (Sustiva) (220)                     | <input type="radio"/> tenofovir (Viread) (234)                            |
| <input type="radio"/> emtricitabine (Emtriva, FTC) (239)            | <input type="radio"/> tipranavir (238)                                    |
| <input type="radio"/> enfuvirtide (Fuzeon, T-20, pentafuside) (233) | <input type="radio"/> Trizivir (abacavir + lamivudine + zidovudine) (240) |
| <input type="radio"/> Epzicom (abacavir, lamivudine) (254)          | <input type="radio"/> Truvada (emtricitabine + tenofovir) (253)           |
| <input type="radio"/> fosamprenavir (Lexiva) (249)                  | <input type="radio"/> zidovudine (Retrovir, AZT) (092)                    |
| <input type="radio"/> indinavir (Crixivan) (212)                    |   |

Other →

Name of Drug:

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\_43**

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\_43**

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

- NO  DON'T KNOW **ACTF1\_43**  
 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.

**RNWF1\_43**

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\_43**  
**AVRSY\_43**

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\_43**

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\_43**  
**AVRY\_43**

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

- by mouth (pill) **DORIN\_43**  
 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 OF TIMES PER

Day  0 10 20 30  
 Week  0 1 2 3 4 5 6 7 8 9  
 Month **PRES1\_43**  
**PREST\_43**

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

1 2 3 4 5 6 7 8 9 10 **NPILT\_43**  
 IF BY MOUTH, SKIP TO Q8.

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

NUMBER OF TIMES PER

Day  0 10 20 30  
 Week  0 1 2 3 4 5 6 7 8 9  
 Month **TINJD\_43**  
**INJDU\_43**

Please continue on the other side.

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

NO (GO TO Q10)  YES

**START\_43**

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

**AVSM\_43**

**AVSY\_43**

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\_43**

11. Have you experienced any of the following side effects while taking (DRUG)?

(MARK ALL THAT APPLY)

- Low white blood cells (low neutrophils) **SEWBC\_43**
- Anemia (low red blood cells/low hemoglobin) **SEANE\_43**
- Blood in urine **SEBLU\_43**
- Bleeding **SEBLD\_43**
- Dizziness/Headaches **SEHED\_43**
- Nausea/Vomiting **SEVOT\_43**
- Abdominal pain (pancreatitis/abdominal bloating) **SEABP\_43**
- Diarrhea **SEDIA\_43**
- Muscle pain or weakness (myopathy/myositis/cramps/spasms) **SEMPW\_43**
- Burning/tingling in extremities (neuropathy/neuritis/numbness) **SEBTE\_43**
- Kidney stones **SEKID\_43**
- Kidney failure **SEREN\_43**
- Rash **SERAS\_43**
- High blood sugar/Diabetes **SEDM\_43**
- High cholesterol/High triglycerides **SECHO\_43**
- Painful urination **SEURN\_43**
- High blood pressure **SEHBP\_43**
- Abnormal changes in body fat **SEFAT\_43**
- Vivid nightmares or dreams **SENV\_43**
- Liver toxicity (abnormal liver function test) **SELTX\_43**
- Insomnia or problems sleeping **SEIPS\_43**
- Fatigue **SEFTG\_43**
- Other, specify: **SEOT1\_43**

1)	_____	<b>SEOT2_43</b>
2)	_____	<b>SEOT3_43</b>
3)	_____	

None of the above

**SENOA\_43**

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]

NO (GO TO Q14)  YES

**DECAV\_43**

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

- Low white blood cells (low neutrophils) **STWBC\_43**
- Anemia (low red blood cells/low hemoglobin) **STANE\_43**
- Blood in urine **STBLU\_43**
- Bleeding **STBLD\_43**
- Dizziness/Headaches **STHED\_43**
- Nausea/Vomiting **STVOT\_43**
- Abdominal pain (pancreatitis/abdominal bloating) **STABP\_43**
- Diarrhea **STDIA\_43**
- Muscle pain or weakness (myopathy/myositis/cramps/spasms) **STMPW\_43**
- Burning/tingling in extremities (neuropathy/neuritis/numbness) **STBTE\_43**
- Kidney stones **STKID\_43**
- Kidney failure **STREN\_43**
- Rash **STRAS\_43**
- High blood sugar/Diabetes **STDM\_43**
- High cholesterol/High triglycerides **STCHO\_43**
- Painful urination **STURN\_43**
- High blood pressure **STHBP\_43**
- Abnormal changes in body fat **STFAT\_43**
- Vivid nightmares or dreams **STNVD\_43**
- Liver toxicity (abnormal liver function test) **STLTX\_43**
- Insomnia or problems sleeping **STIPS\_43**
- Fatigue **STFTG\_43**
- Increased viral load **SINVL\_43**
- Decreased viral load **SDCVL\_43**
- Hospitalized **STHOS\_43**
- Personal decision **STPER\_43**
- Prescription changes by physician **STDOC\_43**
- Too expensive **STEXP\_43**
- Too much bother, inconvenient (ran out/vacation to fill prescription) **STINC\_43**
- Changed to another drug in order to decrease number of pills or dosing frequency **STCGD\_43**
- Study ended **STEND\_43**
- Other, specify:

1)	_____	<b>STOT1_43</b>
2)	_____	<b>STOT2_43</b>
3)	_____	<b>STOT3_43</b>

14. 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

**MDPRE\_43**