

44 FORM 1—ANTIRETROVIRAL DRUGS

ID Number				Visit No.			DATE		
				4	4	0	<input type="radio"/> Jan	DAY	YEAR
MACSID				<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> Feb		
(2)	(2)	(2)	(2)	VISIT_44			<input type="radio"/> Mar		AVQM_44
(3)	(3)	(3)	(3)	(3)	(3)		<input type="radio"/> Apr		AVQD_44
(4)	(4)	(4)	(4)	<input checked="" type="radio"/> 4	<input checked="" type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> May		AVQY_44
(5)	(5)	(5)	(5)	(5)	(5)		<input type="radio"/> June		
(6)	(6)	(6)	(6)	(6)	(6)		<input type="radio"/> July		
(7)	(7)	(7)	(7)	(7)	(7)		<input type="radio"/> Aug	5	05
(8)	(8)	(8)	(8)	(8)	(8)		<input type="radio"/> Sept	6	06
(9)	(9)	(9)	(9)	(9)	(9)		<input type="radio"/> Oct	7	07
							<input type="radio"/> Nov	8	08
							<input type="radio"/> Dec	9	09

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"/> d4T (Zerit, Stavudine) (159) | <input type="radio"/> ritonavir (Norvir) (211) |
| <input type="radio"/> delavirdine (Rescriptor) (194) | <input type="radio"/> saquinavir (Invirase, Fortovase) (210) |
| <input type="radio"/> didanosine (Videx) (147) | <input type="radio"/> tenofovir (Viread) (234) |
| <input type="radio"/> efavirenz (Sustiva) (220) | <input type="radio"/> tipranavir (238) |
| <input type="radio"/> emtricitabine (Emtriva, FTC) (239) | <input type="radio"/> Trizivir (abacavir + lamivudine + zidovudine) (240) |
| <input type="radio"/> enfuvirtide (Fuzeon, T-20, pentafuside) (233) | <input type="radio"/> Truvada (emtricitabine + tenofovir) (253) |
| <input type="radio"/> Epzicom (abacavir, lamivudine) (254) | <input type="radio"/> zidovudine (Retrovir, AZT) (092) |
| <input type="radio"/> fosamprenavir (Lexiva) (249) | |
| <input type="radio"/> indinavir (Crixivan) (212) | |

Other →

Name of Drug:

Drug Code

<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

DRGAV_44

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_44

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_44

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

- NO DON'T KNOW
 YES

ACTF1_44

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_44

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
95	96	97	98	99	00	01	02	03	04	05	06

AVRSM_44
AVRSY_44

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_44**

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
95	96	97	98	99	00	01	02	03	04	05	06

AVRM_44
AVRY_44

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

- by mouth (pill)
 injection

DORIN_44

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

<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30						
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

PRES1_44
PREST_44

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

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
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NPILT_44

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 or Week or Month

<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30						
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

TINJD_44
INJDU_44

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

NO (GO TO Q10) YES

START_44

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
	95	96	97	98	99	00	01	02	03	04	05	06

AVSM_44

AVSY_44

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_44

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_44

12. Why did you stop taking this drug?

(MARK ALL THAT APPLY)

- Low white blood cells (low neutrophils) STWBC_44
- Anemia (low red blood cells/low hemoglobin) STANE_44
- Blood in urine STBLU_44
- Bleeding STBLD_44
- Dizziness/Headaches STHED_44
- Nausea/Vomiting STVOT_44
- Abdominal pain (pancreatitis/abdominal bloating) STABP_44
- Diarrhea STDIA_44
- Muscle pain or weakness (myopathy/myositis/cramps/spasms) STMPW_44
- Burning/tingling in extremities (neuropathy/neuritis/numbness) STBTE_44
- Kidney stones STKID_44
- Kidney failure STREN_44
- Rash STRAS_44
- High blood sugar/Diabetes STDM_44
- High cholesterol/High triglycerides STCHO_44
- Painful urination STURN_44
- High blood pressure STHBP_44
- Abnormal changes in body fat STFAT_44
- Vivid nightmares or dreams STNVD_44
- Liver toxicity (abnormal liver function test) STLTX_44
- Insomnia or problems sleeping STIPS_44
- Fatigue STFTG_44
- Increased viral load SINVL_44
- Decreased viral load SDCVL_44
- Hospitalized STHOS_44
- Personal decision STPER_44
- Prescription changes by physician STDOC_44
- Too expensive STEXP_44
- Too much bother, inconvenient (ran out/vacation to fill prescription) STINC_44
- Changed to another drug in order to decrease number of pills or dosing frequency STCGD_44
- Study ended STEND_44
- Other, specify:

1) _____	STOT1_44	_____
2) _____	STOT2_44	_____
3) _____	STOT3_44	_____

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

MDPRE_44