

# 45 FORM 1—ANTIRETROVIRAL DRUGS

ID Number				Visit No.			DATE		
MACSID				4 5 0			<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		
				VISIT_45			DAY YEAR AVQM_45 AVQD_45 AVQY_45		
							04 04 05 05 06 06 07 07 08 08 09 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

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

DRGAV\_45

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\_45

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\_45

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

- NO  DON'T KNOW  
 YES

ACTF1\_45

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\_45

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	AVRSM_45
95	96	97	98	99	00	01	02	03	04	05	06	AVRSY_45

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\_45

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	AVRM_45
95	96	97	98	99	00	01	02	03	04	05	06	AVRY_45

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

- by mouth (pill) DORIN\_45

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 or Week or Month

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

PRES1\_45  
PREST\_45

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\_45

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

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

TINJD\_45  
INJDU\_45

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

NO (GO TO Q10)  YES

START\_45

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\_45

AVSY\_45

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\_45

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\_45

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

- Low white blood cells (low neutrophils) STWBC\_45
- Anemia (low red blood cells/low hemoglobin) STANE\_45
- Blood in urine STBLU\_45
- Bleeding STBLD\_45
- Dizziness/Headaches STHED\_45
- Nausea/Vomiting STVOT\_45
- Abdominal pain (pancreatitis/abdominal bloating) STABP\_45
- Diarrhea STDIA\_45
- Muscle pain or weakness (myopathy/myositis/muscle cramps/spasms) STMPW\_45
- Burning/tingling in extremities (neuropathy/neuritis/numbness) STBTE\_45
- Kidney stones STKID\_45
- Kidney failure STREN\_45
- Rash STRAS\_45
- High blood sugar/Diabetes STDM\_45
- High cholesterol/High triglycerides STCHO\_45
- Painful urination STURN\_45
- High blood pressure STHBP\_45
- Abnormal changes in body fat STFAT\_45
- Vivid nightmares or dreams STNVD\_45
- Liver toxicity (abnormal liver function test) STNVD\_45
- Insomnia or problems sleeping STLTX\_45
- Fatigue STIPS\_45

SINVL\_45

SDCVL\_45

STHOS\_45

STPER\_45

STDOC\_45

STEXP\_45

STINC\_45

STCGD\_45

STEND\_45

- 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)	_____	STOT1_45	_____
2)	_____	STOT2_45	_____
3)	_____	STOT3_45	_____

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\_45