

47 FORM 1—ANTIRETROVIRAL DRUGS

ID Number	Visit No.	DATE
MACSID	VISIT_47	<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
2 2 2 2 2 3 3 3 3 3 4 4 4 4 4 5 5 5 5 5 6 6 6 6 6 7 7 7 7 7 8 8 8 8 8 9 9 9 9 9	2 2 3 3 4 4 4 5 5 6 6 7 7 8 8 9 9	DAY YEAR 4 04 5 05 6 06 7 07 8 08 9 09

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

- abacavir (Ziagen) (218)
- amprenavir (Agenerase) (219)
- atazanavir (Reyataz) (243)
- Combivir (zidovudine & lamivudine) (227)
- d4T (Zerit, Stavudine) (159)
- delavirdine (Rescriptor) (194)
- didanosine (Videx) (147)
- efavirenz (Sustiva) (220)
- emtricitabine (Emtriva, FTC) (239)
- enfuvirtide (Fuzeon, T-20, pentafuside) (233)
- Epzicom (abacavir + lamivudine) (254)
- fosamprenavir (Lexiva) (249)
- indinavir (Crixivan) (212)
- lamivudine (Epivir, 3TC) (204)
- lopinavir (Kaletra) (217)
- nelfinavir (Viracept) (216)
- nevirapine (Viramune) (191)
- ritonavir (Norvir) (211)
- saquinavir (Invirase, Fortovase) (210)
- tenofovir (Viread) (234)
- tipranavir (238)
- Trizivir (abacavir + lamivudine + zidovudine) (240)
- Truvada (emtricitabine + tenofovir) (253)
- zidovudine (Retrovir, AZT) (092)

Other →

Name of Drug:

Drug Code: DRGAV_47

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_47

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_47

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

NO DON'T KNOW ACTF1_47
 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_47

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_47
 98 99 00 01 02 03 04 05 06 07 08 09 AVRSY_47

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_47

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_47
 98 99 00 01 02 03 04 05 06 07 08 09 AVRY_47

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

by mouth (pill) injection DORIN_47
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 PRES1_47
 0 1 2 3 4 5 6 7 8 9 PREST_47

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

1 2 3 4 5 6 7 8 9 10 NPILT_47
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 TINJD_47
 0 1 2 3 4 5 6 7 8 9 INJDU_47

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

NO (GO TO Q10) YES **START_47**

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	AVSM_47
	98	99	00	01	02	03	04	05	06	07	08	09	AVSY_47

10. Since your last visit in (MONTH), how long have you used (DRUG)? **LENAV_47**

- 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. 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_47**

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

- Low white blood cells (low neutrophils) **STWBC_47**
- Anemia (low red blood cells/low hemoglobin) **STANE_47**
- Blood in urine **STBLU_47**
- Bleeding **STBLD_47**
- Dizziness/Headaches **STHED_47**
- Nausea/Vomiting **STVOT_47**
- Abdominal pain (pancreatitis/abdominal bloating) **STABP_47**
- Diarrhea **STDIA_47**
- Muscle pain or weakness (myopathy/myositis/cramps/spasms) **STMPW_47**
- Burning/tingling in extremities (neuropathy/neuritis/numbness) **STBTE_47**
- Kidney stones **STKID_47**
- Kidney failure **STREN_47**
- Rash **STRAS_47**
- High blood sugar/Diabetes **STDM_47**
- High cholesterol/High triglycerides **STCHO_47**
- Painful urination **STURN_47**
- High blood pressure **STHBP_47**
- Abnormal changes in body fat **STFAT_47**
- Vivid nightmares or dreams **STNVD_47**
- Liver toxicity (abnormal liver function test) **STLTX_47**
- Insomnia or problems sleeping **STIPS_47**
- Fatigue **STFTG_47**
- Increased viral load **SINVL_47**
- Decreased viral load **SDCVL_47**
- Hospitalized **STHOS_47**
- Personal decision **STPER_47**
- Prescription changes by physician **STDOC_47**
- Too expensive **STEXP_47**
- Too much bother, inconvenient (ran out/vacated to fill prescription) **STINC_47**
- Changed to another drug in order to decrease number of pills or dosing frequency **STCGD_47**
- Study ended **STEND_47**
- Other, specify:

- 1) _____ **STOT1_47**
- 2) _____ **STOT2_47**
- 3) _____ **STOT3_47**

13. On average, how often did you take your medication as prescribed? **MDPRE_47**

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