

49 FORM 1—ANTIRETROVIRAL DRUGS

ID Number	Visit No.	DATE																																																																																																															
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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"/> atazanavir (Reyataz) (243) | <input type="radio"/> lopinavir (Kaletra) (217) |
| <input type="radio"/> Atripla (efavirenz + emtricitabine + tenofovir) (262) | <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"/> Other → |
| <input type="radio"/> indinavir (Crixivan) (212) | |

Name of Drug:

Drug Code:

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

 DRGAV_49

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_49

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_49

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

- NO DON'T KNOW
 YES ACTF1_49

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_49

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_49
98	99	00	01	02	03	04	05	06	07	08	09	AVRSY_49

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_49

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_49
98	99	00	01	02	03	04	05	06	07	08	09	AVRY_49

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

- by mouth (pill or liquid)
 injection DORIN_49
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_49
PREST_49

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

1	2	3	4	5	6	7	8	9	10
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NPILT_49
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_49
INJDU_49

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

NO (GO TO Q10) YES **START_49**

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

AVSM_49
AVSY_49

10. Since your last visit in (MONTH), how long have you used (DRUG)? **LENAV_49**

- 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_49**

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

- Low white blood cells (low neutrophils) **STWBC_49**
- Anemia (low red blood cells/low hemoglobin) **STANE_49**
- Blood in urine **STBLU_49**
- Bleeding **STBLD_49**
- Dizziness/Headaches **STHED_49**
- Nausea/Vomiting **STVOT_49**
- Abdominal pain (pancreatitis/abdominal blo) **STABP_49**
- Diarrhea **STDIA_49**
- Muscle pain or weakness (myopathy/myositi) **STMPW_49**
cramps/spasms)
- Burning/tingling in extremities **STBTE_49**
(neuropathy/neuritis/numbness)
- Kidney stones **STKID_49**
- Kidney failure **STREN_49**
- Rash **STRAS_49**
- High blood sugar/Diabetes **STDM_49**
- High cholesterol/High triglycerides **STCHO_49**
- Painful urination **STURN_49**
- High blood pressure **STHBP_49**
- Abnormal changes in body fat **STFAT_49**
- Vivid nightmares or dreams **STNVD_49**
- Liver toxicity (abnormal liver function test) **STLTX_49**
- Insomnia or problems sleeping **STIPS_49**
- Fatigue **STFTG_49**
- Increased viral load **SINVL_49**
- Decreased viral load **SDCVL_49**
- Hospitalized **STHOS_49**
- Personal decision **STPER_49**
- Prescription changes by physician **STDOC_49**
- Too expensive **STEXP_49**
- Too much bother, inconvenient (ran out/vac) **STINC_49**
to fill prescription)
- Changed to another drug in order to decrea) **STCGD_49**
number of pills or dosing frequency
- Study ended **STEND_49**
- Other, specify:

1)	STOT1_49	_____
	STOT2_49	_____
2)	STOT3_49	_____
3)		_____

13. On average, how often did you take your medication as prescribed? **MDPRE_49**

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