

# 51 FORM 1—ANTIRETROVIRAL DRUGS

ID Number <b>MACSID</b>	Visit No. <b>VISIT_52</b>	DATE
0 0 0 0 1 1 1 1 1 2 2 2 2 2 3 3 3 3 3 4 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 9 9 9 9	0 0 1 1 2 2 3 3 4 4 5 5 5 6 6 7 7 9 9	<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"/> Nov <input type="radio"/> Dec
		DAY YEAR AVQM_52 AVQD_52 AVQY_52 20 2 11 30 3 12 4 13 5 14 6 15 8 17 9 18

This form was used for Visit 51 & 52

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/ritonavir (Kaletra, LPV) (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 (Aptivus, TPV) (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)                            | <input type="radio"/> Other →   |

Name of Drug:

Drug Code:  DRGAV\_52

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

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\_52

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\_52

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

- NO  DON'T KNOW  
 YES ACTF1\_52

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\_52

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
01	02	03	04	05	06	07	08	09	10	11	12

AVRSM\_52  
AVRSY\_52

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\_52

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
01	02	03	04	05	06	07	08	09	10	11	12

AVRM\_52  
AVRY\_52

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

- by mouth (pill or liquid)  
 injection  
 IF BY INJECTION, SKIP TO Q7.  
 DORIN\_52

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\_52  
PREST\_52

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\_52  
 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\_52  
INJDU\_52

Please continue on the other side.

8. Did you start taking this drug since your last visit?  
 NO (GO TO Q10)  YES **START\_52**

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
	01	02	03	04	05	06	07	08	09	10	11	12

**AVSM\_52**  
**AVSY\_52**

10. Since your last visit in (MONTH), how long have you used (DRUG)? **LENAV\_52**

- 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\_52**

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

- Low white blood cells (low neutrophils) **STWBC\_52**
- Anemia (low red blood cells/low hemoglobin) **STANE\_52**
- Blood in urine **STBLU\_52**
- Bleeding **STBLD\_52**
- Dizziness/Headaches **STHED\_52**
- Nausea/Vomiting **STVOT\_52**
- Abdominal pain (pancreatitis/abdominal bloating) **STABP\_52**
- Diarrhea **STDIA\_52**
- Muscle pain or weakness (myopathy/myositis/m) **STMPW\_52**  
cramps/spasms)
- Burning/tingling in extremities **STBTE\_52**  
(neuropathy/neuritis/numbness)
- Kidney stones **STKID\_52**
- Kidney failure **STREN\_52**
- Rash **STRAS\_52**
- High blood sugar/Diabetes **STDM\_52**
- High cholesterol/High triglycerides **STCHO\_52**
- Painful urination **STURN\_52**
- High blood pressure **STHBP\_52**
- Abnormal changes in body fat **STFAT\_52**
- Vivid nightmares or dreams **STNVD\_52**
- Liver toxicity (abnormal liver function test) **STLTX\_52**
- Insomnia or problems sleeping **STIPS\_52**
- Fatigue **STFTG\_52**
- Increased viral load **SINVL\_52**
- Decreased viral load **SDCVL\_52**
- Hospitalized **STHOS\_52**
- Personal decision **STPER\_52**
- Prescription changes by physician **STDOC\_52**
- Too expensive **STEXP\_52**
- Too much bother, inconvenient (ran out/vacation) **STINC\_52**  
to fill prescription)
- Changed to another drug in order to decrease the **STCGD\_52**  
number of pills or dosing frequency
- Study ended **STEND\_52**
- Other, specify:

1) _____	<b>STOT1_52</b>	_____
2) _____	<b>STOT2_52</b>	_____
3) _____	<b>STOT3_52</b>	_____

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

- 100% of the time **MDPRE\_52**
- 95–99% of the time
- 75–94% of the time
- <75% of the time