

FORM 1—ANTIRETROVIRAL DRUGS

ID Number	Visit No.	DATE
MACSID	VISIT_054	<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
0 0 0 0 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 8 8 8 8 9 9 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	DAY YEAR 30 3 12 4 13 5 14 6 15 7 16 8 17 9 18

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"/> Raltegravir (Isentress) (264) |
| <input type="radio"/> darunavir (Prezista) (256) | <input type="radio"/> ritonavir (Norvir) (211) |
| <input type="radio"/> didanosine (Videx) (147) | <input type="radio"/> saquinavir (Invirase, Fortovase) (210) |
| <input type="radio"/> efavirenz (Sustiva) (220) | <input type="radio"/> tenofovir (Viread) (234) |
| <input type="radio"/> emtricitabine (Emtriva, FTC) (239) | <input type="radio"/> Trizivir (abacavir + lamivudine + zidovudine) (240) |
| <input type="radio"/> Epzicom (abacavir + lamivudine) (254) | <input type="radio"/> Truvada (emtricitabine + tenofovir) (253) |
| <input type="radio"/> Etravirine (Intelence, TMC-125) (255) | <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_054

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_054

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_054

C. Was this part of the AIDS Clinical Trial Group (ACTG) study?
 NO DON'T KNOW ACTF1_054
 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_054

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_054
AVRSY_054

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_054

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_054
AVRY_054

4. Do you take this drug by mouth or receive it by injection?
 by mouth (pill or liquid) DORIN_054
 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

PRES1_054

PREST_054

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

NPILT_054

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

TINJD_054

INJDU_054

8. Did you start taking this drug since your last visit?
 NO (GO TO Q10) YES **START_054**

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_054
AVSY_054

10. Since your last visit in (MONTH), how long have you used (DRUG)? **LENAV_054**

- 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_054**

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

- Low white blood cells (low neutrophils) **STWBC_054**
- Anemia (low red blood cells/low hemoglobin) **STANE_054**
- Blood in urine **STBLU_054**
- Bleeding **STBLD_054**
- Dizziness/Headaches **STHED_054**
- Nausea/Vomiting **STVOT_054**
- Abdominal pain (pancreatitis/abdominal bloating) **STABP_054**
- Diarrhea **STDIA_054**
- Muscle pain or weakness (myopathy/myositis/rhabdomyolysis/cramps/spasms) **STMPW_054**
- Burning/tingling in extremities (neuropathy/neuritis/numbness) **STBTE_054**
- Kidney stones **STKID_054**
- Kidney failure **STREN_054**
- Rash **STRAS_054**
- High blood sugar/Diabetes **STDM_054**
- High cholesterol/High triglycerides **STCHO_054**
- Painful urination **STURN_054**
- High blood pressure **STHBP_054**
- Abnormal changes in body fat **STFAT_054**
- Vivid nightmares or dreams **STNVD_054**
- Liver toxicity (abnormal liver function test) **STLTX_054**
- Insomnia or problems sleeping **STIPS_054**
- Fatigue **STFTG_054**
- Increased viral load **SINVL_054**
- Decreased viral load **SDCVL_054**
- Hospitalized **STHOS_054**
- Personal decision **STPER_054**
- Prescription changes by physician **STDOC_054**
- Too expensive **STEXP_054**
- Too much bother, inconvenient (ran out/vacation to fill prescription) **STINC_054**
- Changed to another drug in order to decrease number of pills or dosing frequency **STCGD_054**
- Study ended **STEND_054**
- Other, specify:

1) _____ **STOT1_054**
2) _____ **STOT2_054**
3) _____ **STOT3_054**

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

- 100% of the time
- 95–99% of the time **MDPRE_054**
- 75–94% of the time
- <75% of the time