

FORM 1—ANTIRETROVIRAL DRUGS

ID Number	Visit No.	DATE
MACSID	VISIT_055	<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

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_055

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_055**

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_055**

C. Was this part of the AIDS Clinical Trial Group (ACTG) study?
 NO DON'T KNOW **ACTF1_055**
 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_055**

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_055
AVRSY_055

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_055**

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_055
AVRY_055

4. Do you take this drug by mouth or receive it by injection?
 by mouth (pill or liquid) **DORIN_055**
 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 **PRES1_055**
 Week or **PREST_055**
 Month

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

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

1	2	NPILT_055	9	10
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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 **TINJD_055**
 Week or **INJDU_055**
 Month

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

Please continue on the other side.

8. Did you start taking this drug since your last visit?
 NO (GO TO Q10) YES **START_055**

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_055
	01	02	03	04	05	06	07	08	09	10	11	12	AVSY_055

10. Since your last visit in (MONTH), how long have you used (DRUG)? **LENAV_055**

- 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_055**

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

- Low white blood cells (low neutrophils) **STWBC_055**
- Anemia (low red blood cells/low hemoglobin) **STANE_055**
- Blood in urine **STBLU_055**
- Bleeding **STBLD_055**
- Dizziness/Headaches **STHED_055**
- Nausea/Vomiting **STVOT_055**
- Abdominal pain (pancreatitis/abdominal bloating) **STABP_055**
- Diarrhea **STDIA_055**
- Muscle pain or weakness (myopathy/myositis/muscle cramps/spasms) **STMPW_055**
- Burning/tingling in extremities (neuropathy/neuritis/numbness) **STBTE_055**
- Kidney stones **STKID_055**
- Kidney failure **STREN_055**
- Rash **STRAS_055**
- High blood sugar/Diabetes **STDM_055**
- High cholesterol/High triglycerides **STCHO_055**
- Painful urination **STURN_055**
- High blood pressure **STHBP_055**
- Abnormal changes in body fat **STFAT_055**
- Vivid nightmares or dreams **STNVD_055**
- Liver toxicity (abnormal liver function test) **STLTX_055**
- Insomnia or problems sleeping **STIPS_055**
- Fatigue **STFTG_055**
- Increased viral load **SINVL_055**
- Decreased viral load **SDCVL_055**
- Hospitalized **STHOS_055**
- Personal decision **STPER_055**
- Prescription changes by physician **STDOC_055**
- Too expensive **STEXP_055**
- Too much bother, inconvenient (ran out/vacation to fill prescription) **STINC_055**
- Changed to another drug in order to decrease number of pills or dosing frequency **STCGD_055**
- Study ended **STEND_055**
- Other, specify:

1) _____	STOT1_055
2) _____	STOT2_055
3) _____	STOT3_055

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

- 100% of the time
- 95–99% of the time **MDPRE_055**
- 75–94% of the time
- <75% of the time