

FORM 1—ANTIRETROVIRAL DRUGS

| | | |
|--|--|---|
| ID Number MACSID | Visit No. VISIT_056 | 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 8 8 8 8 9 9 9 9 | 0 0 1 1 2 2 3 3 4 4 5 5 5 6 6 7 7 8 8 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"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec |

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 → |

AVQM_056
AVQD_056
AVQY_056

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_056

Name of Drug:

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_056**

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_056**

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

- NO DON'T KNOW
 YES **ACTF1_056**

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_056

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_056
AVRSY_056

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_056**

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_056
AVRY_056

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

- by mouth (pill or liquid) **DORIN_056**
 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 **PRES1_056**
 Month **PREST_056**

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

| | | | | | |
|---|---|------------------|---|---|----|
| 1 | 2 | NPILT_056 | 8 | 9 | 10 |
|---|---|------------------|---|---|----|

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 **TINJD_056**
 Month **INJDU_056**

8. Did you start taking this drug since your last visit?
 NO (GO TO Q10) YES **START_056**

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_056 |
| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | AVSY_056 |

10. Since your last visit in (MONTH), how long have you used (DRUG)? **LENAV_056**

- 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_056**

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

- Low white blood cells (low neutrophils) **STWBC_056**
- Anemia (low red blood cells/low hemoglobin) **STANE_056**
- Blood in urine **STBLU_056**
- Bleeding **STBLD_056**
- Dizziness/Headaches **STHED_056**
- Nausea/Vomiting **STVOT_056**
- Abdominal pain (pancreatitis/abdominal bloating) **STABP_056**
- Diarrhea **STDIA_056**
- Muscle pain or weakness (myopathy/myositis/muscle cramps/spasms) **STMPW_056**
- Burning/tingling in extremities (neuropathy/neuritis/numbness) **STBTE_056**
- Kidney stones **STKID_056**
- Kidney failure **STREN_056**
- Rash **STRAS_056**
- High blood sugar/Diabetes **STDM_056**
- High cholesterol/High triglycerides **STCHO_056**
- Painful urination **STURN_056**
- High blood pressure **STHBP_056**
- Abnormal changes in body fat **STFAT_056**
- Vivid nightmares or dreams **STNVD_056**
- Liver toxicity (abnormal liver function test) **STLTX_056**
- Insomnia or problems sleeping **STIPS_056**
- Fatigue **STFTG_056**
- Increased viral load **SINVL_056**
- Decreased viral load **SDCVL_056**
- Hospitalized **STHOS_056**
- Personal decision **STPER_056**
- Prescription changes by physician **STDOC_056**
- Too expensive **STEXP_056**
- Too much bother, inconvenient (ran out/vacation to fill prescription) **STINC_056**
- Changed to another drug in order to decrease the number of pills or dosing frequency **STCGD_056**
- Study ended **STEND_056**
- Other, specify:

| | |
|----------|------------------|
| 1) _____ | STOT1_056 |
| 2) _____ | STOT2_056 |
| 3) _____ | STOT3_056 |

13. On average, how often did you take your medication as prescribed? **MDPRE_056**

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