

8. Did you start taking this drug since your last visit?
 NO (GO TO Q10) YES **START_057**

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_057
	01	02	03	04	05	06	07	08	09	10	11	12	AVSY_057

10. Since your last visit in (MONTH), how long have you used (DRUG)? **LENAV_057**

- 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_057**

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

- Low white blood cells (low neutrophils) **STWBC_057**
- Anemia (low red blood cells/low hemoglobin) **STANE_057**
- Blood in urine **STBLU_057**
- Bleeding **STBLD_057**
- Dizziness/Headaches **STHED_057**
- Nausea/Vomiting **STVOT_057**
- Abdominal pain (pancreatitis/abdominal bloating) **STABP_057**
- Diarrhea **STDIA_057**
- Muscle pain or weakness (myopathy/myositis/muscle cramps/spasms) **STMPW_057**
- Burning/tingling in extremities (neuropathy/neuritis/numbness) **STBTE_057**
- Kidney stones **STKID_057**
- Kidney failure **STREN_057**
- Rash **STRAS_057**
- High blood sugar/Diabetes **STDM_057**
- High cholesterol/High triglycerides **STCHO_057**
- Painful urination **STURN_057**
- High blood pressure **STHBP_057**
- Abnormal changes in body fat **STFAT_057**
- Vivid nightmares or dreams **STNVD_057**
- Liver toxicity (abnormal liver function test) **STLTX_057**
- Insomnia or problems sleeping **STIPS_057**
- Fatigue **STFTG_057**
- Increased viral load **SINVL_057**
- Decreased viral load **SDCVL_057**
- Hospitalized **STHOS_057**
- Personal decision **STPER_057**
- Prescription changes by physician **STDOC_057**
- Too expensive **STEXP_057**
- Too much bother, inconvenient (ran out/vacation to fill prescription) **STINC_057**
- Changed to another drug in order to decrease the number of pills or dosing frequency **STCGD_057**
- Study ended **STEND_057**
- Other, specify:

1) _____	STOT1_057
2) _____	STOT2_057
3) _____	STOT3_057

13. On average, how often did you take your medication as prescribed? **MDPRE_057**

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