

# FORM 1—ANTIRETROVIRAL DRUGS

ID Number	Visit No.	DATE
<b>MACSID</b>	<b>VISIT_058</b>	<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\_058

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\_058

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\_058

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

NO  DON'T KNOW  
 YES ACTF1\_058

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\_058

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	AVRSM_058
01	02	03	04	05	06	07	08	09	10	11	12	AVRSY_058

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\_058

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	AVRM_058
01	02	03	04	05	06	07	08	09	10	11	12	AVRY_058

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

by mouth (pill or liquid)  injection  
DORIN\_058  
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

0 10 20 30 PRES1\_058  
0 1 2 3 4 5 6 7 8 9  
PREST\_058

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

1 2 NPILT\_058 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 or  Month

0 10 20 30 TINJD\_058 7 8 9  
0 1 INJDU\_058

Please continue on the other side.

8. Did you start taking this drug since your last visit?  
 NO (GO TO Q10)  YES **START\_058**

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	<b>AVSM_058</b>
	01	02	03	04	05	06	07	08	09	10	11	12	<b>AVSY_058</b>

10. Since your last visit in (MONTH), how long have you used (DRUG)? **LENAV\_058**

- 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\_058**

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

- Low white blood cells (low neutrophils) **STWBC\_058**
- Anemia (low red blood cells/low hemoglobin) **STANE\_058**
- Blood in urine **STBLU\_058**
- Bleeding **STBLD\_058**
- Dizziness/Headaches **STHED\_058**
- Nausea/Vomiting **STVOT\_058**
- Abdominal pain (pancreatitis/abdominal bloating) **STABP\_058**
- Diarrhea **STDIA\_058**
- Muscle pain or weakness (myopathy/myositis/muscle cramps/spasms) **STMPW\_058**
- Burning/tingling in extremities (neuropathy/neuritis/numbness) **STBTE\_058**
- Kidney stones **STKID\_058**
- Kidney failure **STREN\_058**
- Rash **STRAS\_058**
- High blood sugar/Diabetes **STDM\_058**
- High cholesterol/High triglycerides **STCHO\_058**
- Painful urination **STURN\_058**
- High blood pressure **STHBP\_058**
- Abnormal changes in body fat **STFAT\_058**
- Vivid nightmares or dreams **STNVD\_058**
- Liver toxicity (abnormal liver function test) **STLTX\_058**
- Insomnia or problems sleeping **STIPS\_058**
- Fatigue **STFTG\_058**
- Increased viral load **SINVL\_058**
- Decreased viral load **SDCVL\_058**
- Hospitalized **STHOS\_058**
- Personal decision **STPER\_058**
- Prescription changes by physician **STDOC\_058**
- Too expensive **STEXP\_058**
- Too much bother, inconvenient (ran out/vacation to fill prescription) **STINC\_058**
- Changed to another drug in order to decrease the number of pills or dosing frequency **STCGD\_058**
- Study ended **STEND\_058**
- Other, specify:

1) _____	<b>STOT1_058</b>
2) _____	<b>STOT2_058</b>
3) _____	<b>STOT3_058</b>

13. On average, how often did you take your medication as prescribed? **MDPRE\_058**

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