FORM 1—ANTIRETROVIRAL DRUGS

COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 15.B(3).

☐ abacavir (Ziagen) (218)
☐ atazanavir (Reyataz) (243)
☐ Atripla (efavirenz + emtricitabine + tenofovir) (262)
☐ Combivir (zidovudine & lamivudine) (227)
☐ d4T (Zerit, Stavudine) (159)
☐ darunavir (Prezista) (256)
☐ didanosine (Videx) (147)
☐ efavirenz (Sustiva) (220)
☐ emtricitabine (Emtriva, FTC) (239)
☐ Epzicom (abacavir + lamivudine) (254)
☐ Etravirine (Intelenze, TMC-125) (255)
☐ fosamprenavir (Lexiva) (249)
☐ indinavir (Crixivan) (212)
☐ Other

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_752

   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_752

   C. Was this part of the AIDS Clinical Trial Group (ACTG) study?
   ☐ NO ☐ DON'T KNOW ☐ YES ACTF1_752

   D. Are you currently taking this drug as part of the research study?
   ☐ NO (GO TO E.) ☐ YES STOP, IF BLINDED.

   E. [Since your last visit] In what month and year did you most recently take this drug as part of the research study?
   ☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN ☐ JUL ☐ AUG ☐ SEP ☐ OCT ☐ NOV ☐ DEC

3. [Since your last visit] In what month and year did you most recently take this drug?
   ☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN ☐ JUL ☐ AUG ☐ SEP ☐ OCT ☐ NOV ☐ DEC

4. Do you take this drug by mouth or receive it by injection?
   ☐ by mouth (pill or liquid)
   ☐ 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]
   ☐ Day ☐ Week ☐ Month

6. According to your doctor, how many pills or doses should you take each time?
   ☐ NPIL7_752 IF BY MOUTH, SKIP TO Q8.

7. How many times per day, week, or month do you inject this drug?
   ☐ Day ☐ Week ☐ Month

ID Number Visit No. DATE
MACSID VISIT_752
☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Please continue on the other side.
8. Did you start taking this drug since your last visit?  
☐ NO  (GO TO Q10)  ☐ YES  START_752

9. [Since your last visit] In what month and year did you start taking this drug?  
☐ J  ☐ F  ☐ M  ☐ A  ☐ M  ☐ J  ☐ A  ☐ S  ☐ O  ☐ N  ☐ D  ☐  
01 02 03 04 05 06 07 08 09 10 11 12  AVSM_752  AVSY_752

10. Since your last visit in (MONTH), how long have you used (DRUG)?  LENAV_752  
☐ 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_752

12. Why did you stop taking this drug?  (MARK ALL THAT APPLY)  
☐ Low white blood cells (low neutrophils)  STWBC_752  
☐ Anemia (low red blood cells/low hemoglobin)  STANE_752  
☐ Blood in urine  STBLU_752  
☐ Bleeding  STBLD_752  
☐ Dizziness/Headaches  STHED_752  
☐ Nausea/Vomiting  STVOT_752  
☐ Abdominal pain (pancreatitis/abdominal bloating)  STABP_752  
☐ Diarrhea  STDIA_752  
☐ Muscle pain or weakness (myopathy/myositis/muscle cramps/spasms)  STMPW_752  
☐ Burning/tingling in extremities  (neuropathy/neuritis/numbness)  STBTE_752  
☐ Kidney stones  STKID_752  
☐ Kidney failure  STREN_752  
☐ Rash  STRAS_752  
☐ High blood sugar/Diabetes  STDM_752  
☐ High cholesterol/High triglycerides  STCHO_752  
☐ Painful urination  STURN_752  
☐ High blood pressure  STHBP_752  
☐ Abnormal changes in body fat  STFAT_752  
☐ Vivid nightmares or dreams  STNVD_752  
☐ Liver toxicity (abnormal liver function test)  STLTX_752  
☐ Insomnia or problems sleeping  STIPS_752  
☐ Fatigue  STFTG_752  
☐ Increased viral load  SINVL_752  
☐ Decreased viral load  SDCVL_752  
☐ Hospitalized  STHOS_752  
☐ Personal decision  STPER_752  
☐ Prescription changes by physician  STDOC_752  
☐ Too expensive  STEXP_752  
☐ Too much bother, inconvenient (ran out/vacation to fill prescription)  STINC_752  
☐ Changed to another drug in order to decrease number of pills or dosing frequency  STCGD_752  
☐ Study ended  STEND_752  
☐ Other, specify:  
1)  STOT1_752  
2)  STOT2_752  
3)  STOT3_752

13. On average, how often did you take your medication as prescribed?  
☐ 100% of the time  MDPRE_752  
☐ 95–99% of the time  
☐ 75–94% of the time  
☐ <75% of the time