

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

INTERVIEWER: RECORD TIME THIS SECTION BEGINS HERE: , , : , , A.M./P.M.

A1. Now I am going to ask you questions about the medications you have taken since FU1DATE or may have taken sometime in the past.

IF HAS NOT TAKEN HIV MEDICATION SINCE FU1, GO TO A18 (G45A01)

A2. You told me earlier that you have taken these antiretroviral drugs: LIST ALL REPORTED HIV MEDICATION since we last interviewed you on FU1DATE.

LOOP BEGIN (G45A02)

LOOP A3-A15 FOR EACH HIV MEDICATION NAMED IN MODULE 4, B3

A3. (HAND R PICTURE BOOK OPEN TO APPROPRIATE DRUG)

Are you currently taking HIV MEDICATION?

PROBE: The one pictured here.

YES..... 1 (G45A03)  
NO ..... 2

IF A3 <> 1 AND A3 = ASKED, GO TO A15

A4. When did you first start taking this medication?

MONTH: , , YEAR: , , (G45A04M)

Valid Values: 1-12 Valid Values: 65-98 (G45A04Y)

A5. Did you bring this medication with you today?

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YES..... 1 (G45A05)  
NO ..... 2

A6. How many times per day did your physician or nurse ask you to take HIV MEDICATION?

” — (G45A06)  
Valid Values: 1-10

A7. How many pills do you take each time?

’ — (G45A07)  
Valid Values: 1-9

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A8. (HAND CARD 16)

Please look at this card and tell me how was HIV MEDICATION paid for the last time you received it?

CODE ALL THAT APPLY

- |   |    |            |
|---|----|------------|
| PRIVATE OR HMO INSURANCE .....  | 1  | (G45A0801) |
| MEDICAID INSURANCE.....   | 2  | (G45A0802) |
| ADAP (AIDS DRUG ASSISTANCE PROGRAM).....                              | 3  | (G45A0803) |
| VETERANS ADMINISTRATION (VA) .....                                    | 4  | (G45A0804) |
| CHAMPUS.....  | 5  | (G45A0805) |
| COUNTY PROGRAM.....   | 6  | (G45A0806) |
| I PAID FOR THE MEDICATION<br>AND WAS NOT REIMBURSED .....             | 7  | (G45A0807) |
| MEDICATION WAS GIVEN TO<br>ME BY A FRIEND OR AIDS SUPPORT GROUP ..... | 8  | (G45A0808) |
| MEDICATION WAS<br>PROVIDED IN A CLINICAL TRIAL .....                  | 9  | (G45A0809) |
| OTHER .....   | 10 | (G45A0810) |
| MEDICARE.....   | 11 | (G45A0811) |
| RYAN WHITE FUNDS .....  | 12 | (G45A0812) |

A9. How much money did you pay out of pocket, that was not reimbursed, for this medication the last time you received it?

**\$, , , , .00**

(G45A09)

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A10. Over the past week, how many days did you forget to take a dose of HIV MEDICATION?

DAYS: 9 (G45A10)

Valid Values: 0-7

A11. Over the past week, how many days did you purposely not take a dose of HIV MEDICATION?

DAYS: 9 (G45A11)

Valid Values: 0-7

A12. Over the past week, how many days did you take a lesser amount than the prescribed dose of HIV MEDICATION?

(PROBE: For example, 1 pill instead of 2)

DAYS: 9 (G45A12)

Valid Values: 0-7

A13. Many people don't take their medication perfectly all the time. Over the past week, how many days did you take HIV MEDICATION exactly as your doctor prescribed you to take it?

DAYS: 9 (G45A13)

Valid Values: 0-7

A14. NOTE HIV MEDICATIONS R IS CURRENTLY TAKING

\_\_\_\_\_ (G45A14)

A15. NOTE HIV MEDICATIONS R HAS STOPPED TAKING SINCE FU1

\_\_\_\_\_ (G45A15)

LOOP END - GO BACK TO A3 IF MORE HIV MEDICATION

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A16. FLAG R'S CURRENT USE OF HIV MEDICATION

- 0 If not currently taking antiretrovirals
- 1 If currently taking 1 antiretroviral
- 2 If currently taking more than 1 antiretroviral (G45A16)

A17. IF R NOT CURRENTLY TAKING HIV MEDICATION SAY:

Has your physician or nurse recommended that you start an antiretroviral medication?

IF R CURRENTLY TAKING ONE HIV MEDICATION SAY:

Has your physician or nurse recommended adding another antiretroviral medication to the medication that you are taking?

IF R CURRENTLY TAKING MORE THAN 1 HIV MEDICATION SAY:

In deciding about your antiretroviral medication, has your physician or nurse prescribed or recommended any anti-retroviral medication that you have not started?

PROBE: Is there an antiretroviral medication that your nurse or physician would have recommended if it could be paid for?

- YES..... 1 (G45A17)
- NO ..... 2

IF A17 <> 1, GO TO A21

A18. (HAND CARD 17)

What is the name of this medication?

- AZT ..... 1 (G45A1801)
- ddI (Videx, Didanosine) ..... 2 (G45A1802)
- ddC (Hivid, Zalcitabine) ..... 3 (G45A1803)
- D4T (Zerit, Stavudine) ..... 4 (G45A1804)
- 3TC (Lamivudine) ..... 5 (G45A1805)
- Ritonavir (Norvir) ..... 6 (G45A1806)
- Indinavir (Crixivan) ..... 7 (G45A1807)
- Saquinavir (Invirase) ..... 8 (G45A1808)
- Nevirapine (Viramune) ..... 9 (G45A1809)
- Delavirdine (Rescriptor)..... 10 (G45A1810)
- Lovirdine ..... 11 (G45A1811)
- Nelfinavir (Viracept) ..... 12 (G45A1812)
- Adefovir ..... 13 (G45A1813)

IF A18 <> DK, GO TO A20

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A19. Was the medication a protease inhibitor?

YES.....	1	(G45A19)
NO .....	2	

A20. I'm going to read some reasons why people do not start new medication. Please tell me if any of the following reasons reflect why you did not start this medication:

I could not afford the medication or the medication was not covered by my insurance. ....	1	(G45A2001)
People told me the medication was no good. ....	2	(G45A2002)
The medication has side effects.....	3	(G45A2003)
The medication was too complicated to take. ....	4	(G45A2004)
I didn't think that I needed the medication.....	5	(G45A2005)

A21. IF R NOT CURRENTLY TAKING HIV MEDICATIONS SAY:

Did you suggest to your physician or nurse that you should start an antiretroviral medication?

IF R CURRENTLY TAKING ONE HIV MEDICATION SAY:

Did you suggest to your physician or nurse adding another antiretroviral medication to the medication that you are taking?

IF R CURRENTLY TAKING MORE THAN 1 HIV MEDICATION SAY:

Did you suggest to your physician or nurse that you should take any antiretroviral medication that you have not started?

YES.....	1	(G45A21)
NO .....	2	

IF A21 <> 1 AND A21 = ASKED, GO TO A25

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A22. (HAND CARD 17)

What is the name of this medication?

AZT .....	1	(G45A2201)
ddl (Videx, Didanosine) .....	2	(G45A2202)
ddC (Hivid, Zalcitabine) .....	3	(G45A2203)
D4T (Zerit, Stavudine) .....	4	(G45A2204)
3TC (Lamivudine) .....	5	(G45A2205)
Ritonavir (Norvir) .....	6	(G45A2206)
Indinavir (Crixivan) .....	7	(G45A2207)
Saquinavir (Invirase) .....	8	(G45A2208)
Nevirapine (Viramune) .....	9	(G45A2209)
Delavirdine (Rescriptor).....	10	(G45A2210)
Lovirdine .....	11	(G45A2211)
Nelfinavir (Viracept).....	12	(G45A2212)
Adefovir .....	13	(G45A2213)

IF A22 <> DK, GO TO A24

A23. Was the medication a protease inhibitor?

YES.....	1	(G45A23)
NO .....	2	

A24. I'm going to read some reasons a person might not start a medication. Please tell me if any of these reflect why you did not start this medication.

I could not afford the medication or the medication was not covered by my insurance .....	1	(G45A2401)
My physician or nurse thought that the medication was too toxic .....	2	(G45A2402)
My physician or nurse thought that the medication was too complicated to take .....	3	(G45A2403)
My physician or nurse thought that the medication was not needed .....	4	(G45A2404)

IF R HAS NOT STOPPED ANY HIV MEDICATION SINCE FU1, GO TO A30

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A25. IF STOPPED TAKING MORE THAN ONE HIV MEDICATION SAY:

You told me that you had stopped taking LIST ALL STOPPED HIV MEDICATION. Which one did you stop last?

OTHERWISE SAY:

You told me that you had stopped taking HIV MEDICATION.

AZT (Retrovir, Zidovudine, ZDV).....	1	(G45A2501)
ddl (Videx, Didanosine).....	2	(G45A2502)
ddC (Hivid, Zalcitabine).....	3	(G45A2503)
D4T (Zerit, Stavudine).....	4	(G45A2504)
3TC (Lamivudine, Epivir).....	5	(G45A2505)
Ritonavir (Norvir).....	6	(G45A2506)
Indinavir (Crixivan).....	7	(G45A2507)
Saquinavir (Invirase).....	8	(G45A2508)
Nevirapine (Viramune).....	9	(G45A2509)
Delavirdine (Rescriptor).....	10	(G45A2510)
Lovirdine.....	11	(G45A2511)
Nelfinavir.....	12	(G45A2512)
Adefovir.....	13	(G45A2513)

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A26. SHOW CARD #16

(HAND R PICTURE BOOK OPEN TO DRUG THAT WAS LAST STOPPED)

For the next few questions, please think only about the last antiretroviral medication that you stopped. Please look at this card and tell me how this medication was paid for the last time you received it?

CODE ALL THAT APPLY

- |  |    |            |
|--|----|------------|
| PRIVATE OR HMO INSURANCE .....                                       | 1  | (G45A2601) |
| MEDICAID INSURANCE.....  | 2  | (G45A2602) |
| ADAP (AIDS DRUG ASSISTANCE PROGRAM).....                             | 3  | (G45A2603) |
| VETERANS ADMINISTRATION (VA).....                                    | 4  | (G45A2604) |
| CHAMPUS.....   | 5  | (G45A2605) |
| COUNTY PROGRAM.....  | 6  | (G45A2606) |
| I PAID FOR THE MEDICATION<br>AND WAS NOT REIMBURSED .....            | 7  | (G45A2607) |
| MEDICATION WAS GIVEN TO<br>ME BY A FRIEND OR AIDS SUPPORT GROUP..... | 8  | (G45A2608) |
| MEDICATION WAS<br>PROVIDED IN A CLINICAL TRIAL .....                 | 9  | (G45A2609) |
| OTHER .....  | 10 | (G45A2610) |
| MEDICARE.....  | 11 | (G45A2611) |
| RYAN WHITE FUNDS .....   | 12 | (G45A2612) |

A27. How much money did you pay out of pocket, that was not reimbursed, for this medication the last time you received it?

\$, , , , .00

(G45A27)

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A28. Some people stop antiretroviral medication because their doctor or nurse advises them to, some people stop medication on their own and sometimes the decision to stop medication is made together. Did you stop this antiretroviral medication:

At the advice of your doctor or nurse, ..... 1 (G45A28)  
On your own, or ..... 2  
Was it a joint decision? ..... 3

A29. IF A28= 1 OR 3  
(HAND CARD 18B)

OTHERWISE:  
(HAND CARD 18A)

Which of the following reasons explain why you stopped taking this antiretroviral medication(s)?

THE MEDICATION WAS NOT WORKING ..... 1 (G45A2901)

THE MEDICATION WAS  
NOT PAID FOR BY MY INSURANCE ..... 2 (G45A2902)

I COULD NOT AFFORD  
TO PAY FOR THE MEDICATION ..... 3 (G45A2903)

I HAD SIDE EFFECTS ..... 4 (G45A2904)

THE MEDICATION WAS  
TOO COMPLICATED TO TAKE ..... 5 (G45A2905)

PEOPLE I KNOW TOLD ME  
THAT THE MEDICINE WAS NO GOOD ..... 6 (G45A2906)

I DECIDED TO TAKE A "DRUG HOLIDAY"  
OR A BREAK FROM TAKING THE MEDICATION ..... 7 (G45A2907)

I STOPPED TO RECEIVE  
TREATMENT FOR AN INFECTION OR CANCER ..... 8 (G45A2908)

MY HIV INFECTION WAS TOO FAR  
ADVANCED TO CONTINUE TAKING THIS MEDICATION ..... 9 (G45A2909)

ANSWERS ONLY ON CARD 18B:

MY DOCTOR OR NURSE STOPPED THIS  
MEDICATION WHEN THEY ADDED A NEW MEDICATION ..... 10 (G45A2910)

I WAS CYCLING MEDICATION COMBINATIONS  
SO MY DOCTOR OR NURSE STOPPED SOME MEDICATION  
AND STARTED A WHOLE NEW GROUP ..... 11 (G45A2911)

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### 4.5 Antiretroviral and Opportunistic Infection Medication

A30. IF R CURRENTLY TAKING ANY HIV MEDICATION SAY:

I am now going to ask you some questions about all of the antiretroviral medication that you take. That is, all of the medications you take to fight HIV, such as AZT, protease inhibitors, or experimental drugs.

How important were the following factors in deciding on your current antiretroviral medication(s)? For each one, please tell me if it was very important, somewhat important, or not at all important.

IF R NOT CURRENTLY TAKING HIV MEDICATION SAY:

How important were the following factors in deciding not to take antiretroviral medication at this time? For each one, please tell me if it was very important, somewhat important, or not at all important.

Your physician's or nurse's advice

VERY IMPORTANT .....	1	(G45A30)
SOMEWHAT IMPORTANT .....	2	
NOT AT ALL IMPORTANT .....	3	

A31. IF R CURRENTLY TAKING ANY HIV MEDICATION SAY:

(How important were the following factors in deciding on your current antiretroviral medication(s)? For each one, please tell me if it was very important, somewhat important, or not at all important.)

IF R NOT CURRENTLY TAKING HIV MEDICATION SAY:

(How important were the following factors in deciding not to take antiretroviral medication at this time? For each one, please tell me if it was very important, fairly important, somewhat important, or not at all important.)

How well your body is fighting the virus; things like your T-Cell count and HIV viral load.

VERY IMPORTANT .....	1	(G45A31)
SOMEWHAT IMPORTANT .....	2	
NOT AT ALL IMPORTANT .....	3	

A32. IF R CURRENTLY TAKING ANY HIV MEDICATION SAY:

(How important were the following factors in deciding on your current antiretroviral medication(s)? For each one, please tell me if it was very important, somewhat important, or not at all important.)

IF R NOT CURRENTLY TAKING HIV MEDICATION SAY:

(How important were the following factors in deciding not to take antiretroviral medication at this time? For each one, please tell me if it was very important, fairly important, somewhat important, or not at all important.)

Information from friends or a support group.

VERY IMPORTANT .....	1	(G45A32)
SOMEWHAT IMPORTANT .....	2	
NOT AT ALL IMPORTANT .....	3	

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### 4.5 Antiretroviral and Opportunistic Infection Medication

A33. IF R CURRENTLY TAKING ANY HIV MEDICATION SAY:

(How important were the following factors in deciding on your current antiretroviral medication(s)? For each one, please tell me if it was very important, somewhat important, or not at all important.)

IF R NOT CURRENTLY TAKING HIV MEDICATION SAY:

(How important were the following factors in deciding not to take antiretroviral medication at this time? For each one, please tell me if it was very important, fairly important, somewhat important, or not at all important.)

Information from TV, radio, newspapers or magazines.

VERY IMPORTANT .....	1	(G45A33)
SOMEWHAT IMPORTANT .....	2	
NOT AT ALL IMPORTANT .....	3	

A34. IF R CURRENTLY TAKING ANY HIV MEDICATIONS SAY:

(How important were the following factors in deciding on your current antiretroviral medication(s)? For each one, please tell me if it was very important, somewhat important, or not at all important.)

IF R NOT CURRENTLY TAKING HIV MEDICATION SAY:

(How important were the following factors in deciding not to take antiretroviral medication at this time? For each one, please tell me if it was very important, fairly important, somewhat important, or not at all important.)

Information from AIDS service organizations.

VERY IMPORTANT .....	1	(G45A34)
SOMEWHAT IMPORTANT .....	2	
NOT AT ALL IMPORTANT .....	3	

A35. IF R CURRENTLY TAKING ANY HIV MEDICATIONS SAY:

(How important were the following factors in deciding on your current antiretroviral medication(s)? For each one, please tell me if it was very important, somewhat important, or not at all important.)

IF R NOT CURRENTLY TAKING HIV MEDICATION SAY:

(How important were the following factors in deciding not to take antiretroviral medication at this time? For each one, please tell me if it was very important, fairly important, somewhat important, or not at all important.)

Information from the Internet.

VERY IMPORTANT .....	1	(G45A35)
SOMEWHAT IMPORTANT .....	2	
NOT AT ALL IMPORTANT .....	3	
DOES NOT APPLY .....	4	

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### 4.5 Antiretroviral and Opportunistic Infection Medication

A36. IF R CURRENTLY TAKING ANY HIV MEDICATION SAY:  
 (How important were the following factors in deciding on your current antiretroviral medication(s)?  
 For each one, please tell me if it was very important, somewhat important, or not at all important.)

IF R NOT CURRENTLY TAKING HIV MEDICATION SAY:  
 (How important were the following factors in deciding not to take antiretroviral medication at this  
 time? For each one, please tell me if it was very important, fairly important, somewhat important, or  
 not at all important.)

Information that you read in medical journals.

VERY IMPORTANT .....	1	<b>(G45A36)</b>
SOMEWHAT IMPORTANT .....	2	
NOT AT ALL IMPORTANT .....	3	
DOES NOT APPLY .....	4	

A37. IF R CURRENTLY TAKING ANY HIV MEDICATION SAY:  
 (How important were the following factors in deciding on your current antiretroviral medication(s)?  
 For each one, please tell me if it was very important, somewhat important, or not at all important.)

IF R NOT CURRENTLY TAKING HIV MEDICATION SAY:  
 (How important were the following factors in deciding not to take antiretroviral medication at this  
 time? For each one, please tell me if it was very important, fairly important, somewhat important, or  
 not at all important.)

Information from scientific meetings about HIV that you attended.

VERY IMPORTANT .....	1	<b>(G45A37)</b>
SOMEWHAT IMPORTANT .....	2	
NOT AT ALL IMPORTANT .....	3	
DOES NOT APPLY .....	4	

IF MALE, GO TO A40

A38. IF R CURRENTLY TAKING ANY HIV MEDICATION SAY:  
 (How important were the following factors in deciding on your current antiretroviral medication(s)?  
 For each one, please tell me if it was very important, somewhat important, or not at all important.)

IF R NOT CURRENTLY TAKING HIV MEDICATION SAY:  
 (How important were the following factors in deciding not to take antiretroviral medication at this  
 time? For each one, please tell me if it was very important, fairly important, somewhat important, or  
 not at all important.)

Pregnancy.

VERY IMPORTANT .....	1	<b>(G45A38)</b>
SOMEWHAT IMPORTANT .....	2	
NOT AT ALL IMPORTANT .....	3	
DOES NOT APPLY .....	4	

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### 4.5 Antiretroviral and Opportunistic Infection Medication

A39. (HAND CARD 19)

IF R CURRENTLY TAKING HIV MEDICATION SAY:

Think about the antiretroviral medication(s) that you take LIST ALL HIV MEDICATION.

OTHERWISE SAY:

Think about the antiretroviral medications available to treat HIV.

Would you strongly agree, agree, disagree or strongly disagree with the following statements about these medications?

These medications help people live longer.

STRONGLY AGREE .....	1	<b>(G45A39)</b>
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A40. (HAND CARD 19)

IF R CURRENTLY TAKING HIV MEDICATION SAY:

(Think about the antiretroviral medication(s) that you take LIST ALL HIV MEDICATION.

OTHERWISE SAY:

(Think about the antiretroviral medications available to treat HIV.)

Would you strongly agree, agree, disagree or strongly disagree with the following statements about these medications?)

These medications are not very toxic.

STRONGLY AGREE .....	1	<b>(G45A40)</b>
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

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A41. (HAND CARD 19)

IF R CURRENTLY TAKING HIV MEDICATION SAY:

(Think about the antiretroviral medication(s) that you take LIST ALL HIV MEDICATION.

OTHERWISE SAY:

(Think about the antiretroviral medications available to treat HIV.)

Would you strongly agree, agree, disagree or strongly disagree with the following statements about these medications?)

These medications improve the quality of people's lives.

STRONGLY AGREE .....	1	<b>(G45A41)</b>
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A42. (HAND CARD 19)

IF R CURRENTLY TAKING HIV MEDICATION SAY:

(Think about the antiretroviral medication(s) that you take LIST ALL HIV MEDICATION.

OTHERWISE SAY:

(Think about the antiretroviral medications available to treat HIV.)

Would you strongly agree, agree, disagree or strongly disagree with the following statements about these medications?)

Better medications to treat HIV will be available in the future.

STRONGLY AGREE .....	1	<b>(G45A42)</b>
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

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A43. (HAND CARD 19)

IF R CURRENTLY TAKING HIV MEDICATION SAY:

(Think about the antiretroviral medication(s) that you take LIST ALL HIV MEDICATION.

OTHERWISE SAY:

(Think about the antiretroviral medicatons available to treat HIV.)

Would you strongly agree, agree, disagree or strongly disagree with the following statements about these medications?)

Many people can fight off HIV without medication.

STRONGLY AGREE .....	1	<b>(G45A43)</b>
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A44. (HAND CARD 19)

IF R CURRENTLY TAKING HIV MEDICATION SAY:

(Think about the antiretroviral medication(s) that you take LIST ALL HIV MEDICATION.

OTHERWISE SAY:

(Think about the antiretroviral medicatons available to treat HIV.

Would you strongly agree, agree, disagree or strongly disagree with the following statements about these medications?)

If people take HIV medications now, the medications may not work later.

STRONGLY AGREE .....	1	<b>(G45A44)</b>
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A45. IF R CURRENTLY TAKING HIV MEDICATION SAY:

How well does taking medications to treat HIV fit into your daily routine?

OTHERWISE SAY:

How well would taking HIV medications fit into your daily routine?

Would you say:

Not at all well .....	1	<b>(G45A45)</b>
A little bit .....	2	
Somewhat.....	3	
Very well .....	4	
Extremely well .....	5	

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IF NOT CURRENTLY TAKING HIV MEDICATION, GO TO A85

A46. How often do your daily activities get in the way of taking your HIV medications?

Would you say;

- |                               |   |          |
|-------------------------------|---|----------|
| All of the time.....          | 1 | (G45A46) |
| Most of the time.....         | 2 |          |
| Some of the time.....         | 3 |          |
| A little of the time, or..... | 4 |          |
| None of the time?.....        | 5 |          |

A47. How often during the past week were you able to take your antiretroviral medication exactly as your doctor or nurse told you? Would you say:

- |                             |   |          |
|-----------------------------|---|----------|
| None of the time.....       | 1 | (G45A47) |
| A little of the time.....   | 2 |          |
| Some of the time.....       | 3 |          |
| A good bit of the time..... | 4 |          |
| Most of the time, or.....   | 5 |          |
| All of the time?.....       | 6 |          |

A48. (HAND CARD 19)

Think about the antiretroviral medication(s) that you currently take: LIST ALL HIV MEDICATION

Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications?

If I do not take this (these) medication(s) exactly as my physician or nurse instructed, the HIV in my body may become resistant to HIV medications.

- |                        |   |          |
|------------------------|---|----------|
| STRONGLY AGREE.....    | 1 | (G45A48) |
| AGREE.....             | 2 |          |
| DISAGREE.....          | 3 |          |
| STRONGLY DISAGREE..... | 4 |          |

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A49. (HAND CARD 19)

(Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications?)

My HIV infection is responding to the antiretroviral medication(s) that I am taking.

STRONGLY AGREE .....	1	<b>(G45A49)</b>
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A50. (HAND CARD 19)

Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications?)

I will be able to take all of my antiretroviral medication exactly as my physician or nurse instructed over the next month.

STRONGLY AGREE .....	1	<b>(G45A50)</b>
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A51. (HAND CARD 20)

Some people have difficulty taking their antiretroviral medication for various reasons. I'm going to read a list of possible reasons why you may miss taking your medication. Please look at this card and tell me which answer best describes how often you miss taking your medication for this reason.

You were away from home.

OFTEN.....	1	<b>(G45A51)</b>
SOMETIMES .....	2	
RARELY .....	3	
NEVER .....	4	

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### 4.5 Antiretroviral and Opportunistic Infection Medication

A52. (HAND CARD 20)

(Please look at this card and tell me which answer best describes how often you miss taking your medication for this reason.)

You were too busy with other things or simply forgot.

(Is this often, sometimes, rarely or never a reason?)

OFTEN.....	1	(G45A52)
SOMETIMES .....	2	
RARELY .....	3	
NEVER .....	4	

A53. (HAND CARD 20)

(Please look at this card and tell me which answer best describes how often you miss taking your medication for this reason.)

People told you the medicine was no good.

OFTEN.....	1	(G45A53)
SOMETIMES .....	2	
RARELY .....	3	
NEVER .....	4	

A54. (HAND CARD 20)

(Please look at this card and tell me which answer best describes how often you miss taking your medication for this reason.)

You had too many pills to take.

OFTEN.....	1	(G45A54)
SOMETIMES .....	2	
RARELY .....	3	
NEVER .....	4	

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A55. (HAND CARD 20)

(Please look at this card and tell me which answer best describes how often you miss taking your medication for this reason.)

You wanted to avoid the side effects.

OFTEN.....	1	(G45A55)
SOMETIMES .....	2	
RARELY .....	3	
NEVER .....	4	

A56. (HAND CARD 20)

(Please look at this card and tell me which answer best describes how often you miss taking your medication for this reason.)

You didn't want others to notice you are taking medicine.

OFTEN.....	1	(G45A56)
SOMETIMES .....	2	
RARELY .....	3	
NEVER .....	4	

A57. (HAND CARD 20)

(Please look at this card and tell me which answer best describes how often you miss taking your medication for this reason.)

You were confused about dosage directions.

OFTEN.....	1	(G45A57)
SOMETIMES .....	2	
RARELY .....	3	
NEVER .....	4	

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A58. (HAND CARD 20)

(Please look at this card and tell me which answer best describes how often you miss taking your medication for this reason.)

Taking the drug reminded you of having HIV.

OFTEN.....	1	(G45A58)
SOMETIMES .....	2	
RARELY .....	3	
NEVER .....	4	

A59. (HAND CARD 20)

(Please look at this card and tell me which answer best describes how often you miss taking your medication for this reason.)

You didn't think the drug was doing anything to improve your health.

OFTEN.....	1	(G45A59)
SOMETIMES .....	2	
RARELY .....	3	
NEVER .....	4	

A60. (HAND CARD 20)

(Please look at this card and tell me which answer best describes how often you miss taking your medication for this reason.)

There was a change in your daily routine.

OFTEN.....	1	(G45A60)
SOMETIMES .....	2	
RARELY .....	3	
NEVER .....	4	

A61. (HAND CARD 20)

(Please look at this card and tell me which answer best describes how often you miss taking your medication for this reason.)

You felt like the drug was too toxic.

OFTEN.....	1	(G45A61)
SOMETIMES .....	2	
RARELY .....	3	
NEVER .....	4	

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A62. (HAND CARD 20)

(Please look at this card and tell me which answer best describes how often you miss taking your medication for this reason.)

You worried about becoming immune to the medication.

OFTEN.....	1	(G45A62)
SOMETIMES .....	2	
RARELY .....	3	
NEVER .....	4	

A63. (HAND CARD 20)

(Please look at this card and tell me which answer best describes how often you miss taking your medication for this reason.)

You took a "drug holiday" or a break from taking the medication.

OFTEN.....	1	(G45A63)
SOMETIMES .....	2	
RARELY .....	3	
NEVER .....	4	

A64. (HAND CARD 20)

(Please look at this card and tell me which answer best describes how often you miss taking your medication for this reason.)

You felt depressed or overwhelmed.

OFTEN.....	1	(G45A64)
SOMETIMES .....	2	
RARELY .....	3	
NEVER .....	4	

A65. (HAND CARD 20)

(Please look at this card and tell me which answer best describes how often you miss taking your medication for this reason.)

You wanted to make the medication last longer.

OFTEN.....	1	(G45A65)
SOMETIMES .....	2	
RARELY .....	3	
NEVER .....	4	

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A66. (HAND CARD 20)

(Please look at this card and tell me which answer best describes how often you miss taking your medication for this reason.)

You ran out of medication.

OFTEN.....	1	(G45A66)
SOMETIMES .....	2	
RARELY .....	3	
NEVER .....	4	

A67. (HAND CARD 19)

Think about the antiretroviral medication you are currently taking. Please look at this card and tell me which answer best reflects how much you agree or disagree with the following statements.

It is hard for me to get the medication I need to treat my HIV infection.

STRONGLY AGREE .....	1	(G45A67)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A68. (HAND CARD 19)

(Please look at this card and tell me which answer best reflects how much you agree or disagree with the following statements.)

I am able to afford the amount I have to pay for the medication I need to treat my HIV infection.

STRONGLY AGREE .....	1	(G45A68)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A69. (HAND CARD 19)

(Please look at this card and tell me which answer best reflects how much you agree or disagree with the following statements.)

It is easy for me to get prescriptions for HIV medication.

STRONGLY AGREE .....	1	(G45A69)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A70. (HAND CARD 19)

(Please look at this card and tell me which answer best reflects how much you agree or disagree with the following statements.)

If the medication to treat my HIV weren't so expensive, I would take more medication or take it more often.

STRONGLY AGREE .....	1	(G45A70)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A71. (HAND CARD 19)

(Please look at this card and tell me which answer best reflects how much you agree or disagree with the following statements.)

It takes a lot of time and effort to get my HIV medications.

STRONGLY AGREE .....	1	(G45A71)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A72. (HAND CARD 19)

(Please look at this card and tell me which answer best reflects how much you agree or disagree with the following statements.)

Places where I can get my medications for HIV are very conveniently located.

STRONGLY AGREE .....	1	(G45A72)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A73. (HAND CARD 19)

(Please look at this card and tell me which answer best reflects how much you agree or disagree with the following statements.)

If I lost or ran out of my HIV medication, it would be hard to get more of the medication.

STRONGLY AGREE .....	1	(G45A73)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A74. (HAND CARD 21)

Still thinking about the antiretroviral medications that you currently take, please look at this card and tell me which answer best describes how much of the time each of the following statements is true for you:

The people I care about encourage me to take my HIV medication.

- |                                |   |          |
|--------------------------------|---|----------|
| ALL OF THE TIME .....          | 1 | (G45A74) |
| MOST OF THE TIME .....         | 2 |          |
| SOME OF THE TIME .....         | 3 |          |
| A LITTLE BIT OF THE TIME ..... | 4 |          |
| NONE OF THE TIME .....         | 5 |          |

A75. (HAND CARD 22)

(Please look at this card and tell me which answer best describes how much of the time each of the following statements is true for you:)

I can take my medication for HIV infection openly where I live.

- |                                |   |          |
|--------------------------------|---|----------|
| ALL OF THE TIME .....          | 1 | (G45A75) |
| MOST OF THE TIME .....         | 2 |          |
| SOME OF THE TIME .....         | 3 |          |
| A LITTLE BIT OF THE TIME ..... | 4 |          |
| NONE OF THE TIME .....         | 5 |          |

A76. (HAND CARD 22)

(Please look at this card and tell me which answer best describes how much of the time each of the following statements is true for you:)

I have a place to safely store my HIV medication where I live.

- |                                |   |          |
|--------------------------------|---|----------|
| ALL OF THE TIME .....          | 1 | (G45A76) |
| MOST OF THE TIME .....         | 2 |          |
| SOME OF THE TIME .....         | 3 |          |
| A LITTLE BIT OF THE TIME ..... | 4 |          |
| NONE OF THE TIME .....         | 5 |          |

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A77. (HAND CARD 22)

(Please look at this card and tell me which answer best describes how much of the time each of the following statements is true for you:)

I can take my medication for HIV infection openly where I work.

- |                                |   |          |
|--------------------------------|---|----------|
| ALL OF THE TIME .....          | 1 | (G45A77) |
| MOST OF THE TIME .....         | 2 |          |
| SOME OF THE TIME .....         | 3 |          |
| A LITTLE BIT OF THE TIME ..... | 4 |          |
| NONE OF THE TIME .....         | 5 |          |
| NOT CURRENTLY WORKING .....    | 6 |          |

A78. (HAND CARD 22)

(Please look at this card and tell me which answer best describes how much of the time each of the following statements is true for you:)

The people I care about think that taking the medication for HIV treatment is a bad idea.

- |                                |   |          |
|--------------------------------|---|----------|
| ALL OF THE TIME .....          | 1 | (G45A78) |
| MOST OF THE TIME .....         | 2 |          |
| SOME OF THE TIME .....         | 3 |          |
| A LITTLE BIT OF THE TIME ..... | 4 |          |
| NONE OF THE TIME .....         | 5 |          |

A79. (HAND CARD 22)

(Please look at this card and tell me which answer best describes how much of the time each of the following statements is true for you:)

I need help with my daily activities so that I have time to take my medicines.

- |                                |   |          |
|--------------------------------|---|----------|
| ALL OF THE TIME .....          | 1 | (G45A79) |
| MOST OF THE TIME .....         | 2 |          |
| SOME OF THE TIME .....         | 3 |          |
| A LITTLE BIT OF THE TIME ..... | 4 |          |
| NONE OF THE TIME .....         | 5 |          |

A80. Please tell me if your doctor, nurse or another health care provider did any of the following things the last time he or she gave you your antiretroviral medication.

Your doctor, nurse, or other health care provider said it was important that you take every dose of your antiretroviral medication.

- |          |   |          |
|----------|---|----------|
| YES..... | 1 | (G45A80) |
| NO ..... | 2 |          |

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A81. (Your doctor, nurse or other health care provider) Wrote down, not just on a prescription, the antiretroviral medication you take.

YES..... 1 (G45A81)  
NO ..... 2

A82. (Your doctor, nurse or other health care provider) Gave you special ways to remember to take your antiretroviral medication.

YES..... 1 (G45A82)  
NO ..... 2

A83. (Your doctor, nurse or other health care provider) Clearly explained how and when to take your antiretroviral medication.

YES..... 1 (G45A83)  
NO ..... 2

A84. (Your doctor, nurse or other health care provider) Explained why it was important that you take every dose of your antiretroviral medication.

YES..... 1 (G45A84)  
NO ..... 2

IF HAS NOT TAKEN ANTI-CMV MEDICATION SINCE FU1, GO TO A90

A85. You told me earlier that you have taken LIST ANTI-CMV MEDICATION since we last interviewed you on FU1DATE. Are you currently taking any of these medications?

YES..... 1 (G45A85)  
NO ..... 2

IF A85 <> 1, GO TO A88

A86. Are you currently taking these medications to prevent, or to treat CMV?

PREVENT..... 1 (G45A86)  
TREAT ..... 2

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A87. How often during the past week were you able to take your CMV medication exactly as your doctor or nurse told you? Would you say:

- |                              |   |          |
|------------------------------|---|----------|
| None of the time, .....      | 1 | (G45A87) |
| A little of the time, .....  | 2 |          |
| Some of the time, .....      | 3 |          |
| A good bit of the time,..... | 4 |          |
| Most of the time, or.....    | 5 |          |
| All of the time .....        | 6 |          |

IF A87 = ASKED, GO TO A89

A88. (HAND CARD 23)

There are many reasons why people stop taking CMV medication. Please look at this card and tell me which ones reflect why you stopped.

CODE ALL THAT APPLY

- |   |    |            |
|---|----|------------|
| PHYSICIAN OR NURSE ADVISED ME TO STOP .....                                       | 1  | (G45A8801) |
| TO TREAT ANOTHER INFECTION OR CANCER.....   | 2  | (G45A8802) |
| I COULD NOT AFFORD TO PAY FOR THE MEDICATION .....                                | 3  | (G45A8803) |
| THE MEDICATION WAS NOT PAID FOR BY MY INSURANCE .....                             | 4  | (G45A8804) |
| THE SIDE EFFECTS .....  | 5  | (G45A8805) |
| THE MEDICATION IS TOO COMPLICATED TO TAKE.....                                    | 6  | (G45A8806) |
| PEOPLE TOLD YOU THE MEDICINE IS NO GOOD.....                                      | 7  | (G45A8807) |
| MY T-CELL COUNT WENT UP BECAUSE<br>OF THE HIV MEDICATIONS I'M TAKING .....        | 8  | (G45A8808) |
| MY HIV INFECTION WAS TOO FAR<br>ADVANCED TO CONTINUE TAKING THIS MEDICATION ..... | 9  | (G45A8809) |
| OTHER .....   | 10 | (G45A8810) |

A89. How much money did you pay out of pocket, that was not reimbursed, for this medication the last time you received it?

\$,,,.00

(G45A89)

Valid Values: 0-300

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A90. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-CMV MEDICAITON SAY:

Think about the medications that you take to prevent or treat CMV. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.

OTHERWISE SAY:

Think about medications available to prevent or treat CMV. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.

These medications help people live longer.

STRONGLY AGREE .....	1	<b>(G45A90)</b>
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A91. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-CMV MEDICATION SAY:

(Think about the medications that you take to prevent or treat CMV. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

OTHERWISE SAY:

(Think about medications available to prevent or treat CMV. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

These medications prevent people from losing their eyesight.

STRONGLY AGREE .....	1	<b>(G45A91)</b>
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A92. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-CMV MEDICATION SAY:

(Think about the medications that you take to prevent or treat CMV. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

OTHERWISE SAY:

(Think about medications available to prevent or treat CMV. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

These medications are not very toxic.

STRONGLY AGREE .....	1	(G45A92)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A93. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-CMV MEDICATION SAY:

(Think about the medications that you take to prevent or treat CMV. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

OTHERWISE SAY:

(Think about medications available to prevent or treat CMV. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

These medications improve the quality of people's lives.

STRONGLY AGREE .....	1	(G45A93)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A94. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-CMV MEDICATION SAY:

(Think about the medications that you take to prevent or treat CMV. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

OTHERWISE SAY:

(Think about medications available to prevent or treat CMV. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

Better medications to prevent CMV will be available in the future.

STRONGLY AGREE .....	1	(G45A94)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A95. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-CMV MEDICATION SAY:

(Think about the medications that you take to prevent or treat CMV. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

OTHERWISE SAY:

(Think about medications available to prevent or treat CMV. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

People can fight off CMV without medication.

STRONGLY AGREE .....	1	(G45A95)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A96. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-CMV MEDICATION SAY:

(Think about the medications that you take to prevent or treat CMV. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

OTHERWISE SAY:

(Think about medications available to prevent or treat CMV. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

If people take CMV medications now, the medications may not work later.

STRONGLY AGREE .....	1	(G45A96)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

IF R HAS NOT TAKEN ANTI-PCP MEDICATION SINCE FU1 , GO TO A101

IF R HAS TAKEN ANTI-PCP MEDICATION AND IT WAS TO TREAT AN EPISODE OF TOXO GO TO A101

A97. You told me earlier that you have taken medication to prevent PCP. Are you currently taking any of these medications?

YES.....	1	(G45A97)
NO .....	2	

IF A97 <> 1, GO TO A99

A98. How often during the past week were you able to take your medication to prevent or treat PCP exactly as your doctor or nurse told you? Would you say:

None of the time, .....	1	(G45A98)
A little of the time, .....	2	
Some of the time, .....	3	
A good bit of the time,.....	4	
Most of the time, or.....	5	
All of the time? .....	6	

IF A98 = ASKED, GO TO A100

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A99. (HAND CARD 23)

There are many reasons why people stop taking medication to prevent or treat PCP. Please look at this card and tell me which reasons reflect why you stopped taking your medication to prevent or treat PCP since the last interview.

- PHYSICIAN OR NURSE ADVISED ME TO STOP ..... 1 (G45A9901)
- TO TREAT ANOTHER INFECTION OR CANCER..... 2 (G45A9902)
- I COULD NOT AFFORD TO PAY FOR THE MEDICATION ..... 3 (G45A9903)
- THE MEDICATION WAS NOT PAID FOR BY MY INSURANCE ..... 4 (G45A9904)
- THE SIDE EFFECTS ..... 5 (G45A9905)
- THE MEDICATION IS TOO COMPLICATED TO TAKE..... 6 (G45A9906)
- PEOPLE TOLD YOU TH E MEDICINE IS NO GOOD..... 7 (G45A9907)
- MY T-CELL COUNT WENT UP BECAUSE  
OF THE HIV MEDICATION I'M TAKING ..... 8 (G45A9908)
- MY HIV INFECTION WAS TOO FAR  
ADVANCED TO CONTINUE TAKING THIS MEDICATION ..... 9 (G45A9909)

A100. How much money did you pay out of pocket that was not reimbursed for this medication the last time you received it?

\$,,,,-.00

(G45A100)

A101. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-PCP MEDICATION SAY:

Think about the medications that you take to prevent PCP. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with each of the following statements about these medications.

OTHERWISE SAY:

Think about medications available to prevent PCP. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with each of the following statements about these medications.

These medications help people live longer.

- STRONGLY AGREE ..... 1 (G45A101)
- AGREE ..... 2
- DISAGREE ..... 3
- STRONGLY DISAGREE ..... 4

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A102. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-PCP MEDICATION SAY:

(Think about the medications that you take to prevent PCP. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with each of the following statements about these medications.)

OTHERWISE SAY:

(Think about medications available to prevent PCP. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with each of the following statements about these medications.)

These medications are not very toxic.

STRONGLY AGREE .....	1	(G45A102)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A103. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-PCP MEDICATION SAY:

(Think about the medications that you take to prevent PCP. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with each of the following statements about these medications.)

OTHERWISE SAY:

(Think about medications available to prevent PCP. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with each of the following statements about these medications.)

These medications improve the quality of people's lives.

STRONGLY AGREE .....	1	(G45A103)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A104. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-PCP MEDICATION SAY:

(Think about the medications that you take to prevent PCP. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with each of the following statements about these medications.)

OTHERWISE SAY:

(Think about medications available to prevent PCP. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with each of the following statements about these medications.)

Better medications to prevent PCP will be available in the future.

(Would you strongly agree, agree, disagree, or strongly disagree?)

STRONGLY AGREE .....	1	(G45A104)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A105. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-PCP MEDICATION SAY:

(Think about the medications that you take to prevent PCP. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with each of the following statements about these medications.)

OTHERWISE SAY:

(Think about medications available to prevent PCP. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with each of the following statements about these medications.)

People can fight off PCP without medication.

STRONGLY AGREE .....	1	(G45A105)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A106. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-PCP MEDICATION SAY:

(Think about the medications that you take to prevent PCP. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with each of the following statements about these medications.)

OTHERWISE SAY:

(Think about medications available to prevent PCP. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with each of the following statements about these medications.)  
If people take PCP medications now, the medications may not work later.

STRONGLY AGREE .....	1	(G45A106)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

IF R HAS NOT TAKEN ANTI-MAC MEDICATION SINCE FU1, GO TO A111

IF R HAS TAKEN ANTI-MAC MEDICATION AND IT WAS TO TREAT OR PREVENT TB , GO TO A111

A107. You told me earlier that you have taken medication to prevent or treat MAC. Are you currently taking any of these medications?

YES.....	1	(G45A107)
NO .....	2	

IF A107<>1, GO TO A109

A108. How often during the past week were you able to take your medication to prevent or treat MAC exactly as your doctor or nurse told you? Would you say:

None of the time, .....	1	(G45A108)
A little of the time, .....	2	
Some of the time, .....	3	
A good bit of the time,.....	4	
Most of the time, or .....	5	
All of the time .....	6	

IF A108 = ASKED, GO TO A110

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A109. (HAND CARD 23)

There are many reasons why people stop taking medications to prevent or treat MAC. Please look at this card and tell me which reasons reflect why you stopped taking medication to prevent or treat MAC since the last interview.

CODE ALL THAT APPLY

- |   |   |            |
|---|---|------------|
| PHYSICIAN OR NURSE ADVISED ME TO STOP .....                                       | 1 | (G45A1091) |
| TO TREAT ANOTHER INFECTION OR CANCER .....  | 2 | (G45A1092) |
| I COULD NOT AFFORD TO PAY FOR THE MEDICATION .....                                | 3 | (G45A1093) |
| THE MEDICATION WAS NOT PAID FOR BY MY INSURANCE .....                             | 4 | (G45A1094) |
| THE SIDE EFFECTS .....  | 5 | (G45A1095) |
| THE MEDICATION IS TOO COMPLICATED TO TAKE .....                                   | 6 | (G45A1096) |
| PEOPLE TOLD YOU THE MEDICINE WAS NO GOOD .....                                    | 7 | (G45A1097) |
| MY T-CELL COUNT WENT UP BECAUSE OF<br>THE HIV MEDICATIONS I'M TAKING .....        | 8 | (G45A1098) |
| MY HIV INFECTION WAS TOO FAR ADVANCED<br>TO CONTINUE TAKING THIS MEDICATION ..... | 9 | (G45A1099) |

A110. How much money did you pay out of pocket, that was not reimbursed, for this medication the last time you received it?

\$,,,.00

(G45A110)

Valid Values: 0-300

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A111. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-MAC MEDICATION SAY:

Think about the medications that you take to prevent or treat MAC. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.

OTHERWISE SAY:

Think about medications available to prevent or treat MAC. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.

These medications help people to live longer.

STRONGLY AGREE .....	1	(G45A111)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A112. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-MAC MEDICATION SAY:

(Think about the medications that you take to prevent or treat MAC. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

OTHERWISE SAY:

(Think about medications available to prevent MAC. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

These medications are not very toxic.

STRONGLY AGREE .....	1	(G45A112)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A113. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-MAC MEDICATION SAY:

(Think about the medications that you take to prevent or treat MAC. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

OTHERWISE SAY:

(Think about medications available to prevent MAC. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

These medications improve the quality of people's lives.

STRONGLY AGREE .....	1	(G45A113)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A114. (HAND CARD #19)

IF R CURRENTLY TAKING ANTI-MAC MEDICATION SAY:

(Think about the medications that you take to prevent or treat MAC. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

OTHERWISE SAY:

(Think about medications available to prevent MAC. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

Better medications to prevent MAC will be available in the future.

STRONGLY AGREE .....	1	(G45A114)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A115. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-MAC MEDICATION SAY:

(Think about the medications that you take to prevent or treat MAC. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

OTHERWISE SAY:

(Think about medications available to prevent MAC. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

People can fight off MAC without medication.

STRONGLY AGREE .....	1	(G45A115)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A116. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-MAC MEDICAITON SAY:

(Think about the medications that you take to prevent or treat MAC. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

OTHERWISE SAY:

(Think about medications available to prevent MAC. Please tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

If people take MAC medications now, the medications may not work later.

STRONGLY AGREE .....	1	(G45A116)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

IF R HAS NOT TAKEN ANTI-FUNGAL MEDICATION SINCE FU1 , GO TO A122

A117. You told me earlier that you have taken LIST ANTI-FUNGAL MEDICATION since we last interviewed you on FU1DATE. Please tell me why you took these drugs since the last interview on FU1DATE. Was it:

To treat or prevent an episode of thrush or candida infection?..... 1 (G45A117)

To treat a serious fungal infection such as with crypto (cryptococcus) or histo (histoplasmosis)? ..... 2

To keep from getting a second infection with crypto or histo? ..... 3

To prevent a fungal infection? ..... 4

IF A117 <> 2 AND LOWEST CD4 COUNT > 50 AND A117 <> 3, GO TO A121

A118. Are you currently taking these medications?

YES..... 1 (G45A118)

NO ..... 2

IF A118 <> 1, GO TO A120

A119. How often during the past week were you able to take your medications to prevent or treat fungal infections exactly as your doctor or nurse told you? Would you say:

None of the time, ..... 1 (G45A119)

A little of the time, ..... 2

Some of the time, ..... 3

A good bit of the time,..... 4

Most of the time, or ..... 5

All of the time? ..... 6

IF A119 = ASKED, GO TO A121

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A120. SHOW CARD #23

There are many reasons why people stop taking medication to prevent fungal infections. Please look at this card and tell me which reasons reflect why you stopped taking medication to prevent fungal infections since the last interview on FU1DATE.

		(G45A1200)
CODE ALL THAT APPLY		
PHYSICIAN OR NURSE ADVISED ME TO STOP .....	1	(G45A1201)
TO TREAT ANOTHER INFECTION OR CANCER .....	2	(G45A1202)
I COULD NOT AFFORD TO PAY FOR THE MEDICATION .....	3	(G45A1203)
THE MEDICATION WAS NOT PAID FOR BY MY INSURANCE .....	4	(G45A1204)
THE SIDE EFFECTS .....	5	(G45A1205)
THE MEDICATION IS TOO COMPLICATED TO TAKE .....	6	(G45A1206)
PEOPLE TOLD YOU THE MEDICINE IS NO GOOD .....	7	(G45A1207)
MY T-CELL COUNT WENT UP BECAUSE OF THE HIV MEDICATIONS I'M TAKING .....	8	(G45A1208)
MY HIV INFECTION WAS TOO FAR ADVANCED TO CONTINUE TAKING THIS MEDICATION .....	9	(G45A1209)

A121. How much money did you pay out of pocket, that was not reimbursed, for this medication the last time you received it?

**\$,,,00**

Valid Values: 0-300

(G45A121)

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A122. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-FUNGAL MEDICATION SAY:

Think about medications you take to prevent fungal infections. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.

OTHERWISE SAY:

Think about the medications available to prevent fungal infections. Please look at this card and tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.

These medications help people live longer.

STRONGLY AGREE .....	1	(G45A122)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A123. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-FUNGAL MEDICATION SAY:

(Think about medications you take to prevent fungal infections. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

OTHERWISE SAY:

(Think about the medications available to prevent fungal infections. Please look at this card and tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

These medications are not very toxic.

STRONGLY AGREE .....	1	(G45A123)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A124. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-FUNGAL MEDICATION SAY:

(Think about medications you take to prevent fungal infections. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

These medications improve the quality of people's lives.

OTHERWISE SAY:

(Think about medications available to prevent fungal infections. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

These medications improve the quality of people's lives.

(Would you strongly agree, agree, disagree, or strongly disagree?)

STRONGLY AGREE .....	1	(G45A124)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A125. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-FUNGAL MEDICATION SAY:

(Think about medications you take to prevent fungal infections. Please tell look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

OTHERWISE SAY:

(Think about the medications available to prevent fungal infections. Please look at this card and tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

Better medications to prevent fungal infections will be available in the future.

STRONGLY AGREE .....	1	(G45A125)
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A126. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-FUNGAL MEDICATION SAY:

(Think about medications you take to prevent fungal infections. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

OTHERWISE SAY:

(Think about the medications available to prevent fungal infections. Please look at this card and tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

People can fight off fungal infections without medication.

STRONGLY AGREE .....	1	<b>(G45A126)</b>
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A127. (HAND CARD 19)

IF R CURRENTLY TAKING ANTI-FUNGAL MEDICATION SAY:

(Think about medications you take to prevent fungal infections. Please look at this card and tell me if you would strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

OTHERWISE SAY:

(Think about the medications available to prevent fungal infections. Please look at this card and tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements about these medications.)

If people take fungal infection medications now, the medications may not work later.

STRONGLY AGREE .....	1	<b>(G45A127)</b>
AGREE .....	2	
DISAGREE .....	3	
STRONGLY DISAGREE .....	4	

A128. Since our last interview on FU1DATE, have you given away HIV or AIDS medications prescribed for you, to friends, family, or an AIDS support group?

YES.....	1	<b>(G45A128)</b>
NO .....	2	

## HCSUS 2nd Follow-up

### 4.5 Antiretroviral and Opportunistic Infection Medication

A129. Since our last interview on FU1DATE, have you taken HIV or AIDS medications given to you without cost, by friends, family, or an AIDS support group? Please do not include ADAP or other public programs in your answer.

YES..... 1  
NO ..... 2

(G45A129)