

# 37 FORM 2—NON-ANTI-VIRAL DRUGS

ID Number	Visit No.	Date		
0 0 0 0	0 0	Jan	DAY	YEAR
1 1 1 1	1 1 1	Feb		
2 2 2 2	2 2 2	Mar	0 0	
3 3 3 3	3 3 3	Apr	10 1	
4 4 4 4	4 4	May	20 2	
5 5 5 5	5 5	June	30 3	
6 6 6 6	6 6	July	4	01
7 7 7 7	7 7	Aug	5	02
8 8 8 8	8 8	Sept	6	
9 9 9 9	9 9	Oct	7	
		Nov	8	
		Dec	9	

COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 15.C.(2).

- Atovaquone (BW566C80, Mepron)
- Azithromycin (Zithromax)
- Bactrim (Septra, SMZ-TMP, Sulfamethoxazole)
- Ciprofloxacin (CIPRO)
- Clarithromycin (Biaxin)
- Co-enzyme Q
- Colony stimulating factors (G-CSF, Neupogen)
- Dapsone
- DHEA
- Ethambutol (Myambutal)
- Erythropoietin (Epogen, Procrit)
- Flagyl (Metronidazole)
- Fluconazole (Diflucan)
- Ganciclovir (DHPG, Cytovene)
- Hydroxyurea (Hydrea)
- Interleukin-2 (IL-2)
- Itraconazole (Sporonox)
- Ketoconazole (Nizoral)
- Megace
- Mycelex (Clotrimazole)
- NAC (N-acetyl-cysteine)
- Nandrolone (Deca-Durabolin)
- Nystatin (Mycostatin)
- Oxandrin (Oxandrolone)
- Pentamidine (Aerosolized)
- Rifabutin (Ansamycin, Mycobutin)
- Testosterone (Delatestryl, Virilon, Testoderm, Androderm, Androgel)
- Vaccine trial (Generic)

Other →

↓

**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

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

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

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

- NO
- YES
- DON'T KNOW

D. Are you currently taking this drug as part of the research study?

- NO
- YES

STOP IF PARTICIPANT WAS BLINDED TO THE TREATMENT AND GO TO NEXT DRUG.

2. How often did you take this drug?

(RECORD MOST RECENT NUMBER OF TIMES PER DAY OR TIMES PER WEEK OR TIMES PER MONTH OR TIMES PER YEAR)

NUMBER OF TIMES

0	0
10	1
20	2
30	3
40	4
50	5
60	6
70	7
80	8
90	9

PER

- Day or Week or Month or Year

Don't Know

3. How many (days, weeks, months) did you use (DRUG) since your last visit?

0	0	0
100	10	1
200	20	2
300	30	3
400	40	4
500	50	5
600	60	6
700	70	7
800	80	8
900	90	9

- Days or Weeks or Months

Don't Know

4. Are you currently taking this drug [not as part of a research study]?

- NO
- YES