39 FORM 2—NON-ANTI-VIRAL DRUGS

ID Number | Visit No. | Date (Jan–Dec; DAY; YEAR)

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)
- ○ Cortisone
- ○ 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)
- ○ Nandralone (Deca-Durabolin)
- ○ Nystatin (Mycostatin)
- ○ Oxandrin (Oxandrolone)
- ○ Pentamidine (Aerosolized)
- ○ Rifabutin (Ansamycin, Mycobutin)
- ○ Serostim
- ○ Testosterone (Delatestryl, Virilon, Testoderm, Androderm, Androgel)
- ○ Vaccine trial (Generic)
- ○ Other → **Name of Drug:**

Drug Code

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 | **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?

- ○ Days
- **or**
- ○ Weeks
- **or**
- ○ Months
- ○ Don't Know

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

- ○ NO
- ○ YES

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