

39 FORM 2—NON-ANTI-VIRAL DRUGS

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

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

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) **RESF2_39**
 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 **PLCF2_39**
 YES

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

- NO
 YES **ACTF2_39**
 DON'T KNOW

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

- NO **RNWF2_39**
 YES

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

ID Number			Visit No.			Date		
						<input type="radio"/> Jan	DAY	YEAR
MACSID			VISIT_39			<input type="radio"/> Feb		
1	1	1	1	1	1	<input type="radio"/> Mar		NAVQM_39
2	2	2	2	2	2	<input type="radio"/> Apr		NAVQD_39
3	3	3	3	3	3	<input type="radio"/> May		NAVQY_39
4	4	4	4	4	4	<input type="radio"/> June		
5	5	5	5	5	5	<input type="radio"/> July	4	04
6	6	6	6	6	6	<input type="radio"/> Aug	5	05
7	7	7	7	7	7	<input type="radio"/> Sept	6	06
8	8	8	8	8	8	<input type="radio"/> Oct	7	07
9	9	9	9	9	9	<input type="radio"/> Nov	8	08
						<input type="radio"/> Dec	9	09

Other → **Name of Drug:**

DGNAV_39

↓

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

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	<input type="radio"/> Day	TUNAV_39
	0	0		<input type="radio"/> or	
	10	1		<input type="radio"/> Week	
	20	2		<input type="radio"/> or	
	30	3		<input type="radio"/> Month	
	40	4		<input type="radio"/> or	
	50	5		<input type="radio"/> Year	
	60	6			
	70	7			
	80	8			
90	9	<input type="radio"/> Don't Know			

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

LNGNV_39				PER	<input type="radio"/> Days	NVLGU_39
	0	0	0		<input type="radio"/> or	
	100	10	1		<input type="radio"/> Weeks	
	200	20	2		<input type="radio"/> or	
	300	30	3		<input type="radio"/> Months	
	400	40	4			
	500	50	5			
	600	60	6			
	700	70	7			
	800	80	8		<input type="radio"/> Don't Know	
900	90	9				

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

- NO **NAVNW_39**
 YES