

41 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)
 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.

ID Number

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Visit No.

4	1	0
0	●	
●	1	
2	2	
3	3	
●	4	4
5	5	
6	6	
7	7	
8	8	
9	9	

Date

<input type="radio"/> Jan	DAY	YEAR
<input type="radio"/> Feb		
<input type="radio"/> Mar	0	0 00
<input type="radio"/> Apr	10	1 01
<input type="radio"/> May	20	2 02
<input type="radio"/> June	30	3 03
<input type="radio"/> July	4	04
<input type="radio"/> Aug	5	05
<input type="radio"/> Sept	6	06
<input type="radio"/> Oct	7	07
<input type="radio"/> Nov	8	08
<input type="radio"/> Dec	9	09

Other →

Name of Drug:

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

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