

# 45 FORM 2—NON-ANTIRETROVIRAL DRUGS

ID Number				Visit No.			Date		
MACSID				4 5 0			<input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> Aug <input type="radio"/> Sept <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec		
<input type="radio"/> Other →				VISIT_45			DAY YEAR NAVQM_45 NAVQD_45 NAVQY_45		
Name of Drug:				<input type="text"/>			Drug Code		
<input type="radio"/> Other →				<input type="text"/>			<input type="radio"/> 0 <input type="radio"/> 10 <input type="radio"/> 01 <input type="radio"/> 100 <input type="radio"/> 200 <input type="radio"/> 300 <input type="radio"/> 400 <input type="radio"/> 500 <input type="radio"/> 600 <input type="radio"/> 700 <input type="radio"/> 800 <input type="radio"/> 900		

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

- atovaquone (Mepron, BW566C80) (190)
- azithromycin (Zithromax) (152)
- Bactrim (Septra, TMP/SMX) (112)
- ciprofloxacin (Cipro) (153)
- clarithromycin (Biaxin) (184)
- co-enzyme Q (196)
- colony stimulating factor (G-CSF, Neupogen) (157)
- dapsone (113)
- DHEA (dihydroepiandrosteredione) (161)
- erythropoietin (Epogen, Procrit, Aranesp) (117)
- ethambutol (Myambutol) (137)
- fluconazole (Diflucan) (116)
- foscarnet (foscavir) (091)
- ganciclovir (Cytovene, DHPG, valcyte, valganciclovir) (125)
- interleukin 2 (IL-2) (096)
- Marinol (dronabinol) (547)
- Megace (megestrol acetate) (123)
- NAC (N-acetyl cysteine) (188)
- Nandrolone (deca-durabolin) (232)
- Oxandrin (oxandrolone) (228)
- rifabutin (Mycobutin, Ansamycin) (093)
- Serostim (human growth hormone) (245)
- testosterone (AndroGel, Androderm, Delatestryl, Striant, Testoderm, Virilon) (236)

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\_45
- 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\_45
- YES

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

- NO ACTF2\_45
- YES
- DON'T KNOW

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

- NO RNWF2\_45
- 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	<input type="radio"/> Day or Week or Month or Year	0 0	TMNAV-45
	<input type="radio"/> Don't Know	10 1	
		20 2	
		30 3	
		40 4	
		50 5	
		60 6	
		70 7	
		80 8	
		90 9	

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

NUMBER OF DAYS, WEEKS, OR MONTHS	<input type="radio"/> Days or Weeks or Months	0 0 0	LNGNV_45
	<input type="radio"/> Don't Know	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	

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

- NO NAVNW\_45
- YES