

## FORM 2 – NON-ANTI-VIRAL DRUGS

COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 18.B.(2).

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

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 (GO TO F)  
 YES  
 DONT KNOW (GO TO F)

- D. If YES, do you know the ACTG number?

NO (GO TO F)  
 YES

- E. What is the number of that study?

	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

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

NO  
 YES

(STOP. GO TO NEXT DRUG)

ID Number

	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.

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

Date

	DAY	YEAR
<input type="radio"/> Jan		
<input type="radio"/> Feb		
<input type="radio"/> Mar	0	0
<input type="radio"/> Apr	10	1
<input type="radio"/> May	20	2
<input type="radio"/> Jun	30	3
<input type="radio"/> Jul	4	4
<input type="radio"/> Aug	5	5
<input type="radio"/> Sep	6	6
<input type="radio"/> Oct	7	7
<input type="radio"/> Nov	8	8
<input type="radio"/> Dec	9	9

2. How often did you take this drug?

(RECORD IN NUMBER OF TIMES PER DAY OR TIMES PER WEEK OR TIMES PER MONTH)

NUMBER OF TIMES

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

PER

Day  
 or  
 Week  
 or  
 Month

Don't Know

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

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

Days  
 or  
 Weeks  
 or  
 Months

Don't Know

4. Are you currently taking this drug?

NO  
 YES