

34 FORM 2—NON-ANTI-VIRAL DRUGS

COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 18.B.(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) | <input type="radio"/> Itraconazole |
| <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"/> Nandralone (Deca-Durabolin) |
| <input type="radio"/> Dapsone | <input type="radio"/> Nystatin (Mycostatin) |
| <input type="radio"/> DHEA | <input type="radio"/> Oxandrin |
| <input type="radio"/> Ethambutol | <input type="radio"/> Pentamidine (aerosolized) |
| <input type="radio"/> Erythropoietin (Epogen) | <input type="radio"/> Rifabutin (Ansamycin, Mycobutin) |
| <input type="radio"/> Flagyl (metronidazole) | <input type="radio"/> Testosterone (Delatestryl, Virilon) |
| <input type="radio"/> Fluconazole (Diflucan) | <input type="radio"/> Vaccine trial (generic) |
| <input type="radio"/> Ganciclovir (DHPG) | |

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
 DON'T 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 IF PARTICIPANT WAS BLINDED TO THE TREATMENT AND GO TO NEXT DRUG.

ID Number	Visit No.	Date		
0 0 0 0	0 0	Jan	DAY	YEAR
1 1 1 1	1 1 1 1	<input type="radio"/> Feb		
2 2 2 2	2 2 2 2	<input type="radio"/> Mar	0 0	
3 3 3 3	3 3 3 3	<input type="radio"/> Apr	10 1	
4 4 4 4	4 4	<input type="radio"/> May	20 2	
5 5 5 5	5 5	<input type="radio"/> June	30 3	00 <input type="radio"/>
6 6 6 6	6 6	<input type="radio"/> July	4	01 <input type="radio"/>
7 7 7 7	7 7	<input type="radio"/> Aug	5	
8 8 8 8	8 8	<input type="radio"/> Sept	6	
9 9 9 9	9 9	<input type="radio"/> Oct	7	
		<input type="radio"/> Nov	8	
		<input type="radio"/> Dec	9	

Other →

↓

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	<input type="text"/>	PER	<input type="radio"/> Day or <input type="radio"/> Week or <input type="radio"/> Month or <input type="radio"/> Year
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0	0	0
10	1	
20	2	
30	3	
40	4	
50	5	
60	6	
70	7	
80	8	
90	9	

Don't Know

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

NUMBER	<input type="text"/>	PER	<input type="radio"/> Days or <input type="radio"/> Weeks or <input type="radio"/> Months
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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

Don't Know

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

- NO
 YES