

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 **ACTF2_39**
 YES
 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.

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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)

<table border="1"> <tr><th>NUMBER OF TIMES</th></tr> <tr><td>0</td><td>0</td></tr> <tr><td>10</td><td>1</td></tr> <tr><td>20</td><td>2</td></tr> <tr><td>30</td><td>3</td></tr> <tr><td>40</td><td>4</td></tr> <tr><td>50</td><td>5</td></tr> <tr><td>60</td><td>6</td></tr> <tr><td>70</td><td>7</td></tr> <tr><td>80</td><td>8</td></tr> <tr><td>90</td><td>9</td></tr> </table>	NUMBER OF TIMES	0	0	10	1	20	2	30	3	40	4	50	5	60	6	70	7	80	8	90	9	<table border="1"> <tr><th>PER</th></tr> <tr><td>Day</td></tr> <tr><td>or</td></tr> <tr><td>Week</td></tr> <tr><td>or</td></tr> <tr><td>Month</td></tr> <tr><td>or</td></tr> <tr><td>Year</td></tr> <tr><td>Don't Know</td></tr> </table>	PER	Day	or	Week	or	Month	or	Year	Don't Know
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TMNAV_39 **TUNAV_39**

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

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LNGNV_39 **NVLGU_39**

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

- NO **NAVNW_39**
 YES