

45 FORM 2—NON-ANTIRETROVIRAL DRUGS

ID Number	Visit No.	Date																																																																																		
<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td colspan="5">MACSID</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>						MACSID					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	<table border="1"> <tr><td>4</td><td>5</td><td>0</td></tr> <tr><td>0</td><td>●</td><td></td></tr> </table>	4	5	0	0	●		<table border="1"> <tr> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>Jan</td> <td></td> </tr> <tr> <td>Feb</td> <td></td> </tr> <tr> <td>Mar</td> <td></td> </tr> <tr> <td>Apr</td> <td></td> </tr> <tr> <td>May</td> <td></td> </tr> <tr> <td>June</td> <td></td> </tr> <tr> <td>July</td> <td>4 04</td> </tr> <tr> <td>Aug</td> <td>5 05</td> </tr> <tr> <td>Sept</td> <td>6 06</td> </tr> <tr> <td>Oct</td> <td>7 07</td> </tr> <tr> <td>Nov</td> <td>8 08</td> </tr> <tr> <td>Dec</td> <td>9 09</td> </tr> </table>	DAY	YEAR	Jan		Feb		Mar		Apr		May		June		July	4 04	Aug	5 05	Sept	6 06	Oct	7 07	Nov	8 08	Dec	9 09
MACSID																																																																																				
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																																																																																
4	5	0																																																																																		
0	●																																																																																			
DAY	YEAR																																																																																			
Jan																																																																																				
Feb																																																																																				
Mar																																																																																				
Apr																																																																																				
May																																																																																				
June																																																																																				
July	4 04																																																																																			
Aug	5 05																																																																																			
Sept	6 06																																																																																			
Oct	7 07																																																																																			
Nov	8 08																																																																																			
Dec	9 09																																																																																			

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

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

VISIT_45

Name of Drug:

Drug Code

0	100	200	300	400	500	600	700	800	900	
0	10	DGNV_45					70	80	90	
0	1	-	-	-	-	-	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) 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
 Day or
 Week or
 Month or
 Year

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

TUNAV_45

TMNAV-45

- Don't Know

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

- Days or
 Weeks or
 Months

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

NVLGU_45

LNGNV_45

- Don't Know

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

- NO
 YES

NAVNW_45