

# 47 FORM 2—NON-ANTIRETROVIRAL DRUGS

ID Number	Visit No.	Date
MACSID	VISIT_50	<input type="radio"/> Jan DAY YEAR <input type="radio"/> Feb <input type="radio"/> Mar 00 <input type="radio"/> Apr NAVQM_50 <input type="radio"/> May NAVQD_50 <input type="radio"/> Jun NAVQY_50 <input type="radio"/> July 04 <input type="radio"/> Aug 05 <input type="radio"/> Sept 06 <input type="radio"/> Oct 07 <input type="radio"/> Nov 08 <input type="radio"/> Dec 09

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)

Other → Name of Drug:

↓

Drug Code

0	100	200	300	400	500	600	700	800	900
0	10							80	90
0	1	2	3	4	5	6	7	8	9

DGNAV\_50

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\_50
- 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\_50
- YES

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

- NO ACTF2\_50
- YES
- DON'T KNOW

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

- NO RNWF2\_50
- 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
- Don't Know

TUNAV\_50

0	0
10	1
40	4
50	5
60	6
70	7
80	8
90	9

TMNAV\_50

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

- Days or Weeks or Months
- Don't Know

NVLGU\_50

0	0	0
100	10	1
200	20	2
500	50	5
600	60	6
700	70	7
800	80	8
900	90	9

LNGNV\_50

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

- NO NAVNW\_50
- YES