

MACS VISIT 13 FORM II - NON ANTI-VIRAL DRUGS

COMPLETE THE FOLLOWING FOR EACH DRUG CIRCLED IN QUESTION 11.B.2 PLACE A CHECK NEXT TO THE ANSWER WHICH CORRESPONDS TO THE PARTICIPANT'S RESPONSE OR COMPLETE WHERE INDICATED

Name of drug: _____

Drug Code: _____

You said you were taking (DRUG) since your last visit.

1. A. Did you take this drug as part of a research study in which you may have taken a placebo (not the actual drug), or in which you were blinded to the treatment?

- ___ (1) NO (GO TO Q2)
- ___ (2) YES

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

- ___ (1) NO (STOP, GO TO NEXT DRUG)
- ___ (2) YES
- ___ (3) DON'T KNOW (STOP, GO TO NEXT DRUG)

C. If YES, do you know the ACTG number?

- ___ (1) NO (STOP, GO TO NEXT DRUG)
- ___ (2) YES

D. What is the number of that study? _____

(STOP, GO TO NEXT DRUG)

2. When did you first start taking this drug? _____ / _____ / _____

(USE "15" FOR DAY IF PARTICIPANT DOES NOT KNOW EXACT DATE)

___ M ___ M / ___ D ___ D / ___ Y ___ Y

3. How often did you take this drug?

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

___ Don't Know

Number of times: ___ per

- ___ (1) Day
- ___ (2) Week
- ___ (3) Month

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

___ Don't Know

Total: _____

- ___ (1) Days
- ___ (2) Weeks
- ___ (3) Months

5. Are you currently taking this drug?

- ___ (1) NO
- ___ (2) YES

GO TO NEXT DRUG LISTED IN Q.11.B.(2)