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FORM 2 – NON-ANTI-VIRAL DRUGS

COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 11.B.(2).

Name of Drug:

Drug Code

ID Number

Visit No.

Date

Jan / Feb / Mar / Apr / May / Jun / Jul / Aug / Sep / Oct / Nov / Dec — DAY — YEAR

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?

- ○ NO (GO TO Q2)
- ○ YES

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

- ○ NO (STOP, GO TO NEXT DRUG)
- ○ YES
- ○ DON'T KNOW (STOP, GO TO NEXT DRUG)

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

- ○ NO (STOP, GO TO NEXT DRUG)
- ○ YES

D. What is the number of that study?

STOP, GO TO THE NEXT DRUG.

2. When did you first start taking this drug?

Jan / Feb / Mar / Apr / May / Jun / Jul / Aug / Sep / Oct / Nov / Dec — DAY — YEAR

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

3. How often did you take this drug?

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

NUMBER OF TIMES **PER**

- ○ Day
- **or**
- ○ Week
- **or**
- ○ Month

- ○ Don't Know

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

- ○ Days
- **or**
- ○ Weeks
- **or**
- ○ Months

- ○ Don't Know

5. Are you currently taking this drug?

- ○ NO
- ○ YES

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