

17

# FORM 2 – NON-ANTI-VIRAL DRUGS

COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 12.B.(2).

Name of Drug:

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

**ID Number**

0	0	0	0	0
1	1	1	1	1
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

**Visit No.**

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**Date**

<input type="radio"/> Jan	DAY	YEAR
<input type="radio"/> Feb		
<input type="radio"/> Mar	0	0
<input type="radio"/> Apr	10	1
<input type="radio"/> May	20	2
<input type="radio"/> Jun	30	3
<input type="radio"/> Jul		4
<input type="radio"/> Aug		5
<input type="radio"/> Sep		6
<input type="radio"/> Oct		7
<input type="radio"/> Nov		8
<input type="radio"/> Dec		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)
- 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
- YES

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

- NO (GO TO F)
- YES
- DON'T KNOW (GO TO F)

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

- NO (GO TO F)
- YES

E. What is the number of that study?

	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

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

- NO
- YES

(STOP, GO TO NEXT DRUG)

2. 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**

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

- PER**
- Day  
or
  - Week  
or
  - Month

Don't Know

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

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

- Days  
or
- Weeks  
or
- Months

Don't Know

4. Are you currently taking this drug?

- NO
- YES