

# 24 FORM 2—NON-ANTI-VIRAL DRUGS

COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 18.B.(2).

- |  |  |
|--|--|
| <input type="radio"/> Atovaquone (BW566C80, Mepron)                        | <input type="radio"/> Ganciclovir (DHPG)               |
| <input type="radio"/> Azithromycin (Zithromax)                             | <input type="radio"/> Hypericin (HY)                   |
| <input type="radio"/> Bactrim (Septra)                                     | <input type="radio"/> Interleukin-2 (IL-2)             |
| <input type="radio"/> Ciprofloxacin (CIPRO)                                | <input type="radio"/> Itraconazole                     |
| <input type="radio"/> Clarithromycin (Biaxin)                              | <input type="radio"/> Ketoconazole (Nizoral)           |
| <input type="radio"/> Clofazimine (Lamprene)                               | <input type="radio"/> Megace                           |
| <input type="radio"/> Co-enzyme Q  | <input type="radio"/> Mycelex (clotrimazole)           |
| <input type="radio"/> Colony stimulating factors (GM-CSF, G-CSF, Neupogen) | <input type="radio"/> NAC (N-acetyl-cysteine)          |
| <input type="radio"/> Dapsone  | <input type="radio"/> Nystatin (Mycostatin)            |
| <input type="radio"/> DNCB   | <input type="radio"/> Pentamidine (aerosolized)        |
| <input type="radio"/> Ethambutol   | <input type="radio"/> Pentamidine (IV)                 |
| <input type="radio"/> Erythropoietin (Epogen)                              | <input type="radio"/> Rifabutin (Ansamycin, Mycobutin) |
| <input type="radio"/> Flagyl (metronidazole)                               | <input type="radio"/> Rifampin (Rifadin)               |
| <input type="radio"/> Fluconazole (Diflucan)                               | <input type="radio"/> Tagamet (cimetidine)             |
|  | <input type="radio"/> Trental (pentoxifylline)         |
|  | <input type="radio"/> Vaccine trial (generic)          |

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)

ID Number	Visit No.	Date	
0 0 0 0	0 0	<input type="radio"/> Jan	DAY YEAR
1 1 1 1	1 1 1	<input type="radio"/> Feb	0 0
2 2 2 2	2 2 2	<input type="radio"/> Mar	10 1
3 3 3 3	3 3 3	<input type="radio"/> Apr	20 2
4 4 4 4	4 4	<input type="radio"/> May	30 3
5 5 5 5	5 5	<input type="radio"/> June	4 4
6 6 6 6	6 6	<input type="radio"/> July	5 5
7 7 7 7	7 7	<input type="radio"/> Aug	6 6
8 8 8 8	8 8	<input type="radio"/> Sept	7 7
9 9 9 9	9 9	<input type="radio"/> Oct	8 8
		<input type="radio"/> Nov	9 9
		<input type="radio"/> Dec	9 9

Name of Drug:

Other →

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

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