

25 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 (Diffucan) | <input type="radio"/> Tagamet (cimetidine) |
| | <input type="radio"/> Trental (pentoxifylline) |
| | <input type="radio"/> Vaccine trial (generic) |

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

Other →

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

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
- DONT 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 IF PARTICIPANT WAS BLINDED TO THE TREATMENT AND 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	0	PER	<input type="radio"/> Day or <input type="radio"/> Week or <input type="radio"/> Month
	10	1	1		
	20	2	2		
	30	3	3		
	40	4	4		
	50	5	5		
	60	6	6		
	70	7	7		
	80	8	8		
	90	9	9		

Don't Know

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

0	0	0	<input type="radio"/> Days or <input type="radio"/> Weeks or <input type="radio"/> Months
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	

Don't Know

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

- NO
- YES