

29 FORM 2—NON-ANTI-VIRAL DRUGS

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

- | | |
|--|--|
| <input type="radio"/> Atovaquone (BW566C80, Mepren) | <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
 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

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.

ID Number	Visit No.	Date	
0 0 0 0	0 0	Jan	DAY YEAR
1 1 1 1	1 1 1	Feb	
2 2 2 2	2 2 2	Mar	0 0
3 3 3 3	3 3	Apr	10 1
4 4 4 4	4 4	May	20 2
5 5 5 5	5 5	June	30 3
6 6 6 6	6 6	July	97
7 7 7 7	7 7	Aug	98
8 8 8 8	8 8	Sept	0
9 9 9 9	9 9	Oct	1
		Nov	7
		Dec	9

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 MOST RECENT NUMBER OF TIMES PER DAY OR TIMES PER WEEK OR TIMES PER MONTH OR TIMES PER YEAR)

NUMBER OF TIMES	PER
0 0	<input type="radio"/> Day
10 1	or
20 2	<input type="radio"/> Week
30 3	or
40 4	<input type="radio"/> Month
50 5	or
60 6	<input type="radio"/> Year
70 7	
80 8	
90 9	
	<input type="radio"/> Don't Know

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

NUMBER	PER
0 0 0	<input type="radio"/> Days
100 10 1	or
200 20 2	<input type="radio"/> Weeks
300 30 3	or
400 40 4	<input type="radio"/> Months
500 50 5	
600 60 6	
700 70 7	
800 80 8	
900 90 9	
	<input type="radio"/> Don't Know

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

- NO
 YES