

31 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"/> Fluconazole (Diflucan) |
| <input type="radio"/> Azithromycin (Zithromax) | <input type="radio"/> Ganciclovir (DHPG) |
| <input type="radio"/> Bactrim (Septra) | <input type="radio"/> Hydroxyurea (Hydrea) |
| <input type="radio"/> Ciprofloxacin (CIPRO) | <input type="radio"/> Interleukin-2 (IL-2) |
| <input type="radio"/> Clarithromycin (Biaxin) | <input type="radio"/> Itraconazole |
| <input type="radio"/> Clofazimine (Lamprene) | <input type="radio"/> Ketoconazole (Nizoral) |
| <input type="radio"/> Co-enzyme Q | <input type="radio"/> Megace |
| <input type="radio"/> Colony stimulating factors (G-CSF, Neupogen) | <input type="radio"/> Mycelelex (clotrimazole) |
| <input type="radio"/> Dapsone | <input type="radio"/> NAC (N-acetyl-cysteine) |
| <input type="radio"/> DHEA | <input type="radio"/> Nystatin (Mycostatin) |
| <input type="radio"/> DNCB | <input type="radio"/> Pentamidine (aerosolized) |
| <input type="radio"/> Ethambutol | <input type="radio"/> Rifabutin (Ansamycin, Mycobutin) |
| <input type="radio"/> Erythropoietin (Epogen) | <input type="radio"/> Vaccine trial (generic) |
| <input type="radio"/> Flagyl (metronidazole) | |

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.

ID Number	Visit No.	Date
0 0 0 0	0 0	Jan DAY YEAR
1 1 1 1	1 1	Feb 9 9
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 4 4
7 7 7 7	7 7	Aug 15 8
8 8 8 8	8 8	Sept 6 8
9 9 9 9	9 9	Oct 7 8
		Nov 8 8
		Dec 9 8

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

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	0 0	PER	<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?

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