

33 FORM 2—NON-ANTI-VIRAL DRUGS

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

- Atovaquone (BW566C80, Mepron)
- Azithromycin (Zithromax)
- Bactrim (Septra)
- Ciprofloxacin (CIPRO)
- Clarithromycin (Biaxin)
- Co-enzyme Q
- Colony stimulating factors (G-CSF, Neupogen)
- Dapsone
- DHEA
- Ethambutol
- Erythropoietin (Epogen)
- Flagyl (metronidazole)
- Fluconazole (Diflucan)
- Ganciclovir (DHPG)
- Hydroxyurea (Hydrea)
- Interleukin-2 (IL-2)
- Itraconazole
- Ketoconazole (Nizoral)
- Megace
- Mycelex (clotrimazole)
- NAC (N-acetyl-cysteine)
- Nandralone (Deca-Durabolin)
- Nystatin (Mycostatin)
- Oxandrin
- Pentamidine (aerosolized)
- Rifabutin (Ansamycin, Mycobutin)
- Testosterone (Delatestryl, Virilon)
- Vaccine trial (generic)

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		
2 2 2 2	2 2 2	<input type="radio"/> Mar	0 0	
3 3 3 3	3 3 3	<input type="radio"/> Apr	10 1	
4 4 4 4	4 4	<input type="radio"/> May	20 2	
5 5 5 5	5 5	<input type="radio"/> June	30 3	00 <input type="radio"/>
6 6 6 6	6 6	<input type="radio"/> July	4	
7 7 7 7	7 7	<input type="radio"/> Aug	5	
8 8 8 8	8 8	<input type="radio"/> Sept	6	
9 9 9 9	9 9	<input type="radio"/> Oct	7	
		<input type="radio"/> Nov	8	
		<input type="radio"/> Dec	9	

Other →

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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
- 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 IF PARTICIPANT WAS BLINDED TO THE TREATMENT AND GO TO NEXT DRUG.

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	<input type="radio"/> Day or Week or Month or Year
0 0		
10 1		
20 2		
30 3		
40 4		
50 5		
60 6		
70 7		
80 8		
90 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 Weeks or 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