

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

ID Number

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Visit No.

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Date

<input type="radio"/> Jan	DAY	YEAR
<input type="radio"/> Feb		0 1
<input type="radio"/> Mar	0 0	
<input type="radio"/> Apr	10 1	
<input type="radio"/> May	20 2	
<input type="radio"/> June	30 3	
<input type="radio"/> July	4 01	
<input type="radio"/> Aug	5	
<input type="radio"/> Sept	6	
<input type="radio"/> Oct	7	
<input type="radio"/> Nov	8	
<input type="radio"/> Dec	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  
 YES  
 DON'T KNOW

D. 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	0	0	PER	<input type="radio"/> Day
	10	1		<input type="radio"/> or
	20	2		<input type="radio"/> Week
	30	3		<input type="radio"/> or
	40	4		<input type="radio"/> Month
	50	5		<input type="radio"/> 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	PER	<input type="radio"/> Days
	100	10	1		<input type="radio"/> or
	200	20	2		<input type="radio"/> Weeks
	300	30	3		<input type="radio"/> 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