MACS VISIT 13
FORM II - NON ANTI-VIRAL DRUGS

COMPLETE THE FOLLOWING FOR EACH DRUG CIRCLED IN QUESTION 11.B.2 PLACE A CHECK NEXT TO THE ANSWER WHICH CORRESPONDS TO THE PARTICIPANTS RESPONSE OR COMPLETE WHERE INDICATED

Name of drug: ___________________________ Drug Code: ___ ___ ___

You said you were taking (DRUG) since your last visit.

1. A. Did you take this drug as part of a research study in which you may have taken a placebo (not the actual drug), or in which you were blinded to the treatment?
   ___ (1) NO (GO TO Q2)
   ___ (2) YES

   B. Was this part of the AIDS Clinical Trial Group (ACTG)?
   ___ (1) NO (STOP, GO TO NEXT DRUG)
   ___ (2) YES
   ___ (3) DON'T KNOW (STOP, GO TO NEXT DRUG)

   C. If YES, do you know the ACTG number?
   ___ (1) NO (STOP, GO TO NEXT DRUG)
   ___ (2) YES

   D. What is the number of that study?
      ___ ___ ___ ___
      (STOP, GO TO NEXT DRUG)

2. When did you first start taking this drug?
   (USE "15" FOR DAY IF PARTICIPANT DOES NOT KNOW EXACT DATE)
   ___ ___ / ___ ___ / ___ ___
   M M D D Y Y

3. How often did you take this drug?
   (RECORD IN NUMBER OF TIMES PER DAYS OR TIMES PER WEEK OR TIMES PER MONTH)
   ___ Don't Know
   Number of times: ___ ___ per
   ___ (1) Day
   ___ (2) Week
   ___ (3) Month

4. How many (days, weeks, months) did you use (DRUG) since your last visit?
   ___ Don't Know
   Total: ___ ___ ___
   ___ (1) Days
   ___ (2) Weeks
   ___ (3) Months

5. Are you currently taking this drug?
   ___ (1) NO
   ___ (2) YES

GO TO NEXT DRUG LISTED IN Q.11.B.(2)