**FORM 2 – NON-ANTI-VIRAL DRUGS**

COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 13.B.(2).

<table>
<thead>
<tr>
<th>Name of Drug:</th>
<th>Drug Code</th>
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</table>

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?
   - ○ NO (GO TO Q2)
   - ○ YES

2. When did you first start taking this drug?
   - ○ Jan
   - ○ Feb
   - ○ Mar
   - ○ Apr
   - ○ May
   - ○ Jun
   - ○ Jul
   - ○ Aug
   - ○ Sep
   - ○ Oct
   - ○ Nov
   - ○ Dec

   *(USE “15” FOR DAY IF PARTICIPANT DOES NOT KNOW ACTUAL DAY)*

3. How often did you take this drug?
   (RECORD IN NUMBER OF TIMES PER DAY OR TIMES PER WEEK OR TIMES PER MONTH)

<table>
<thead>
<tr>
<th>NUMBER OF TIMES</th>
<th>PER</th>
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</tbody>
</table>

   ○ Day
   ○ Week
   ○ Month

   ○ Don’t Know

4. How many (days, weeks, months) did you use (DRUG) since your last visit?
   - ○ Days
   - ○ Weeks
   - ○ Months

   ○ Don’t Know

5. Are you currently taking this drug?
   - ○ NO
   - ○ YES

GO TO NEXT DRUG LISTED IN Q. 13.B. (2)