FORM 2 – NON-ANTI-VIRAL DRUGS

COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 15.B.(2).

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?
   ○ 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?

   F. Are you currently taking this drug as part of the research study?
   ○ NO
   ○ YES

   (STOP, GO TO NEXT DRUG)

2. How often did you take this drug?

   (RECORD IN NUMBER OF TIMES PER DAY OR TIMES PER WEEK OR TIMES PER MONTH)

   NUMBER OF TIMES
   ○ 0
   ○ 1
   ○ 2
   ○ 3
   ○ 4
   ○ 5
   ○ 6
   ○ 7
   ○ 8
   ○ 9

   PER
   ○ Day
   ○ Week
   ○ Month

   ○ Don't Know

3. How many (days, weeks, months) did you use (DRUG) since your last visit?

   ○ Days
   ○ Weeks
   ○ Months

   ○ Don't Know

4. Are you currently taking this drug?

   ○ NO
   ○ YES