FORM 2 – NON-ANTI-VIRAL DRUGS

COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 18.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

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

(STOP, GO TO NEXT DRUG)