**37 FORM 2—NON-ANTI-VIRAL DRUGS**

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

- Atovaquone (BW566C80, Mepron)
- Azithromycin (Zithromax)
- Bactrim (Septra, SMZ-TMP, Sulfamethoxazole)
- Ciprofloxacin (CIPRO)
- Co-enzyme Q
- Colony stimulating factors
- Dapsone
- DHEA
- Ethambutol (Myambutal)
- Erythropoietin (Epogen, Procrit)
- Flagyl (Metronidazole)
- Fluconazole (Diflucan)
- Ganciclovir (DHPG, Cytovene)
- Hydroxyurea (Hydrea)
- Itraconazole (Sporonox)
- Ketoconazole (Nizoral)
- Megace
- Methylprednisolone (Solu-Medrol)
- Mycelex (Clotrimazole)
- NAC (N-acetyl-cysteine)
- Nandralone (Deca-Durabolin)
- Nystatin (Mycostatin)
- Oxandrin (Oxandrolone)
- Pentamidine (Aerosolized)
- Rifabutin (Ansamycin, Mycobutin)
- Testosterone (Delatestryl, Virilon, Testoderm, Androgel)
- Vaccine trial (Generic)
- Other

**Name of Drug:**

**Date**

**ID Number Visit No.**

**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)

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<tr>
<th><strong>NUMBER OF TIMES</strong></th>
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**3. How many (days, weeks, months) did you use (DRUG) since your last visit?**

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<thead>
<tr>
<th><strong>NUMBER OF TIMES</strong></th>
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**4. Are you currently taking this drug (not as part of a research study)?**

- NO
- YES

**STOP IF PARTICIPANT WAS BLINDED TO THE TREATMENT AND GO TO NEXT DRUG.**