39 FORM 2—NON-ANTI-VIRAL DRUGS

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

- Atovaquone (BW566C80, Mepron)
- Azithromycin (Zithromax)
- Bactrim (Septa, SMZ-TMP, Sulfamethoxazole)
- Ciprofloxacin (CIPRO)
- Clarithromycin (Biaxin)
- Co-enzyme Q
- Colony stimulating factors (G-CSF, Neupogen)
- Cortisone
- Dapsone
- DHEA
- Ethambutol (Myambutal)
- Erythropoietin (Epogen, Procrit)
- Flagyl (Metronidazole)
- Fluconazole (Diflucan)
- Ganciclovir (DHPG, Cytovene)
- Hydroxyurea (Hydrea)
- Interleukin-2 (IL-2)
- Ketoconazole (Nizoral)
- Mepron
- Mepron (N-acetyl-cysteine)
- Megace
- Nystatin (Mycostatin)
- Oxandrolone (Oxandrolone)
- Pentamidine (Aerosolized)
- Rifabutin (Ansamycin, Mycobutin)
- Serostim
- Testosterone (Delatestryl, Virilon, Testoderm, Androderm, Androgel)
- Vaccine trial (Generic)
- Other

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

1. A. Did you take this drug as part of a research study?
   - NO
   - YES [GO TO Q2]

2. How often did you take this drug?
   - Day
   - Week
   - Month
   - Year

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

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.