### 45 FORM 2—NON-ANTIRETROVIRAL DRUGS

#### 1. A. Did you take this drug as part of a research study?
- **NO**
- **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**
- **YES**
- **DON'T KNOW**

#### D. Are you currently taking this drug as part of the research study?
- **NO**
- **YES**

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

### 2. How often did you take this drug?

<table>
<thead>
<tr>
<th>NUMBER OF TIMES PER DAY OR TIMES PER WEEK OR TIMES PER MONTH OR TIMES PER YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day</strong></td>
</tr>
<tr>
<td><img src="image" alt="Day" /></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Numbers of Days, Weeks, or Months</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Days" /></td>
</tr>
</tbody>
</table>

### 4. Are you currently taking this drug [not as part of a research study]?
- **NO**
- **YES**

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**Other**

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**Drug Code**

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**Name of Drug:**

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**ID Number**

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**Visit No.**

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**Date**

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**Other**

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**Drug Code**