

Baseline Treatment History

Purpose: Report current and past use of medications. List all prescription and experimental medications.

When: Baseline.

By Whom: Study physician and clinic coordinator.

Reference: Frontier Science and Technology Research Foundation listing (<http://www.ftstsrf.org>).

Instructions:

Section B (HIV Antiretroviral treatments) and/or Section C (CMV disease treatment)

- If the specified medication was never taken, check “No” in column **b** and leave other columns blank.
- If it is unknown whether the specified medication was ever taken, check “Unk” in column **b** and leave other columns blank.
- If the specified medication was ever taken, check “Yes” in column **b** and go to column **c**.
 - If the patient did not take the medication within the past 28 days, check “No” in column **c** and leave other columns blank.
 - If the patient took the medication within the past 28 days, check “Yes” in column **c**. Record whether the patient is currently taking the medication in column **d**, and record the current or most recent dose in column **e** in the indicated units. Record the current or most recent frequency in column **f** as the number of doses per unit of time, eg, 2 per day, 3 per week, or 1 per PRN.
 - If data item and/or sub-item is unknown, record “M”.
- Record other antiretroviral or CMV disease medications ever taken that are not listed previously in items 37-39 and items 51-56 respectively. Clearly print medication name in column **a**. Give the drug code from the Frontier Science and Technology Research Foundation listing in column **b**. Complete columns **c**, **d**, **e**, and **f** as specified above.

Section D (Other treatments)

- If the specified medication was not taken in the past 28 days, check “No” in column **b** and leave other columns blank.
- If it is unknown whether the specified medication was ever taken, check “Unk” in column **b** and leave other columns blank.
- If the specified medication was taken in the past 28 days, record the following:
 - Check “Yes” in column **b**.
 - In column **c**, check whether the patient is currently taking the medication.
 - In column **d**, check whether the medication was given at least in part for an ocular complication (even if the medication was indicated for extraocular disease as well, or to deal with side effects of treatment for an ocular complication).
 - In columns **e** and **f** record current or most recent dose and frequency.
 - If data item or sub-item is unknown, record “M”.
- Record other medications taken in the past 28 days that are not listed previously in items 84-103. Clearly print medication name in column **a**. Give the drug code from the Frontier Science and Technology Research Foundation listing in column **b**. Complete columns **c**, **d**, **e**, and **f** as specified above.

Section E (Diabetes treatments), Section F (Hyperlipidemia treatments), Section G (Hypertension treatments) and/or Section H (Anabolic steroids)

- If the specified medication is not being taken currently, or was never taken, check “No” in the appropriate column and leave other columns blank.
- If it is unknown whether the specified medication is being taken currently, or was ever taken, check “Unk” in the appropriate column and leave other columns blank.
- If the specified medication is being taken currently, or was ever taken, check “Yes” in the appropriate column and leave other columns blank.

A. Clinic, patient, and visit identification

1. Clinic ID: _____

2. Patient ID#: _____

3. Patient name code: _____

4. Date of visit: _____ - _____ - _____
day month year

5. Visit ID code: **B L**

6. Sequential number of this BT form: _____

(first form completed on any date is 01; if additional forms are needed to record medications for the same patient on any one date, number the forms sequentially and complete the appropriate sections.)

B. HIV antiretroviral treatments

7. Has the patient ever taken any HIV antiretroviral treatments:

Treatment	Yes (check all that apply)					
	(<input type="checkbox"/> 1)	(<input type="checkbox"/> 2)	b.	c.	d.	e.
	Ever taken	Taken in last 28 days	Taking currently	Current or last dose	f. Current or last frequency	
8. Zidovudine and Lamivudine (AZT/3TC) (Combivir®)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	tab	per _____
9. Zidovudine (AZT, ZDV) (Retrovir®)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	— — — —	mg	per _____
10. Didanosine (ddI) (Videx®)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	— — — —	mg	per _____
11. Zalcitabine (ddC) (Hivid®)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	— • — — —	mg	per _____
12. Stavudine (d4T) (Zerit®)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	— — — —	mg	per _____
13. Lamivudine (3TC) (Epivir®)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	— — — —	mg	per _____
14. Abacavir (ABC) (Ziagen®)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	— — — —	mg	per _____
15. Adefovir (Preveon®)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	— — — —	mg	per _____
16. Nevirapine (NVP) (Viramune®)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	— — — —	mg	per _____
17. Delavirdine (Rescriptor®)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	— — — —	mg	per _____
18. Efavirenz (EFV) (Sustiva®)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	— — — —	mg	per _____
19. Indinavir (IDV) (Crixivan®)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	Yes (<input type="checkbox"/> 1) No (<input type="checkbox"/> 2) Unk (<input type="checkbox"/> 3)	— — — —	mg	per _____

B. HIV antiretroviral treatments (cont'd)

a. Treatment	b. Ever taken	c. Taken in last 28 days	d. Taking currently	e. Current or last dose	f. Current or last frequency
20. Ritonavir (RTV) (Norvir®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	_____ mg	per _____
21. Saquinavir (Hard-gel) (SQV-HGC) (Invirase®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	_____ mg	per _____
22. Saquinavir (Soft-gel) (SQV-SGC) (Fortovase®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	_____ mg	per _____
23. Nelfinavir (NFV) (Viracept™)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	_____ mg	per _____
24. Amprenavir (APV) (Agenerase®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	_____ mg	per _____
25. Hydroxyurea (Hydrea®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	_____ mg	per _____
26. Lopinavir/Ritonavir (LPV/r) (Kaletra®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	amt & units	per _____
27. Tenofovir (TDF) (Viread®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	_____ mg	per _____
28. Abacavir and Zidovudine and Lamivudine (ABC/AZT/3TC) (Trizivir®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	tab	per _____
29. Enfuvirtide (ENF (T-20)) (Fuzeon®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	_____ mg	per _____
30. Abacavir Sulfate and Lamivudine (ABC/3TC) (Epzicom™)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	tab	per _____
31. Tipranavir (TPV) (Aptivus®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	_____ mg	per _____
32. Atazanavir (ATV) (Reyataz®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	_____ mg	per _____

B. HIV antiretroviral treatments (cont'd)

	a. Treatment	b. Ever taken	c. Taken in last 28 days	d. Taking currently	e. Current or last dose	f. Current or last frequency
33. Didanosine (ddI) (Videx EC®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)		____ mg	____ per ____
34. Emtricitabine (FTC) (Emtriva®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)		____ mg	____ per ____
35. Emtricitabine and Tenofovir (FTC/TDF) (Truvada®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____ tab		____ per ____
36. Fos-amprenavir (FPV) (Lexiva®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	____ mg		____ per ____

Skip to item 40 if no other antiretroviral treatments, or after listing all other antiretroviral treatments.

	a. Other Antiretroviral Treatments	b. Drug code	c. Taken in last 28 days	d. Taking currently	e. Current or last dose (amount and units)	f. Current or last frequency
37. Other (specify): _____			Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	____ per ____
38. Other (specify): _____			Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	____ per ____
39. Other (specify): _____			Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	____ per ____

C. CMV disease treatments

40. Has the patient ever taken any CMV disease treatments:

Yes (check all that apply) (1)
No (if "No", skip to Section D) (2)

	a. Treatment	b. Ever taken	c. Taken in last 28 days	d. Taking currently	e. Current or last dose	f. Current or last frequency
41. IV foscarnet (Foscavir®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)		mg/kg	____ per ____
42. IV ganciclovir (Cytovene-IV®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)		mg/kg	____ per ____

C. CMV disease treatments (cont'd)

	a. Treatment	b. Ever taken	c. Taken in last 28 days	d. Taking currently	e. Current or last dose	f. Current or last frequency
43. IV cidofovir (Vistide®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	_____ mg/kg	_____ per _____
44. Oral ganciclovir (Cytovene®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	_____ mg	_____ per _____
45. Valganciclovir (Valcyte™)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	_____ mg	_____ per _____
	a. Treatment	b. Ever Injected	c. Injection in last 28 days	d. Taking currently	e. Current or last dose	f. Total # injection(s) to date
46. Ganciclovir intraocular injections						
a. Right eye	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	_____	_____
b. Left eye	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	_____	_____
47. Foscarnet intraocular injections						
a. Right eye	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	_____	_____
b. Left eye	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	_____	_____
48. Cidofovir intraocular injections						
a. Right eye	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	_____	_____
b. Left eye	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	_____	_____
49. Formivirsen intraocular injections						
a. Right eye	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	_____	_____
b. Left eye	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	_____	_____

C. CMV disease treatments (cont'd)

a. Treatment	b. Ever implant placed	c. Date of last implant placed (day-month-year)	d. Dose	e. Total # of implants to date	f. # currently in the eye
50. Ganciclovir intraocular implant (Vitrasert®)					
a. Right eye	Yes (1) No (2) Unk (3)	_____ - _____ - _____	mg/implant	_____	_____
b. Left eye	Yes (1) No (2) Unk (3)	_____ - _____ - _____	mg/implant	_____	_____

Skip to item 57 if no other CMV disease treatments, or after listing all other CMV disease treatments.

a. Other CMV disease Treatments	b. Drug code	c. Taken in last 28 days	d. Taking currently	e. Current or last dose (amount and units)	f. Current or last frequency
51. _____	_____	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	per _____
52. _____	_____	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	per _____
53. _____	_____	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	per _____
54. _____	_____	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	per _____
55. _____	_____	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	per _____
56. _____	_____	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	per _____

D. Other treatments

57. Has the patient taken any other treatments in the past 28 days:

(Note: Please do not include anabolic steroids or treatments for diabetes, hyperlipidemia, and hypertension in this section)

Yes (check all that apply) (1)
No (if "No", skip to Section E) (2)

If medication is given in the last 28 days at least in-part for an ocular complication, answer "Yes" in column d.

a. Treatment	b. Taken in last 28 days	c. Taking currently	d. Given for an ocular complication	e. Current or last dose	f. Current or last frequency
58. Pentamidine - inhaled (Nebupent®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	per _____
59. Pentamidine - systemic (Pentam®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	per _____
60. Trimethoprim/Sulfamethoxazole (Bactrim™; Septra®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____ tab _____	per _____

D. Other treatments (cont'd)

a. Treatment	b. Taken in last 28 days	c. Taking currently	d. Given for an ocular complication	e. Current or last dose	f. Current or last frequency
61. Dapsone	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	_____ mg	____ per _____
62. Atovaquone (Mepron®)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	_____ mg	____ per _____
63. Pyrimethamine (Daraprim®)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	_____ mg	____ per _____
64. Sulfadiazine	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	_____ mg	____ per _____
65. Clindamycin (Cleocin®)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	_____ mg	____ per _____
66. Ethambutol (Myambutol®)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	_____ mg	____ per _____
67. Rifabutin (Mycobutin®)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	_____ mg	____ per _____
68. Clarithromycin (Biaxin) (Filmtab®)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	_____ mg	____ per _____
69. Azithromycin (Zithromax®)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	_____ mg	____ per _____
70. Fluconazole (Diflucan®)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	_____ mg	____ per _____
71. Amphotericin B	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	_____ mg	____ per _____
72. Acyclovir - IV	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	_____ mg	____ per _____
73. Acyclovir - oral (Zovirax®)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	_____ mg	____ per _____
74. Valacyclovir - oral (Valtrex®)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	_____ mg	____ per _____
75. Famciclovir (Famvir®)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	Yes (<u> </u>) No (<u> </u>) Unk (<u> </u>)	_____ mg	____ per _____

D. Other treatments (cont'd)

a. Treatment	b. Taken in last 28 days	c. Taking currently	d. Given for an ocular complication	e. Current or last dose	f. Current or last frequency
76. Filgrastim (Neupogen®) (G-CSF)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	_____ mcg	____ per ____
77. Erythropoietin (Procrit®; Epogen®)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	_____ units	____ per ____
78. Topical (ophthalmic) prednisolone acetate	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	____. ____ %	____ per ____
79. Prednisone (Deltasone®)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	_____ mg	____ per ____
a. Treatment	b. Injection in last 28 days	c. Taking currently	d. Given for an ocular complication	e. Current or last dose	f. Current or last frequency
80. Triamcinolone acetonide (Periocular Kenalog® injections)					
a. Right eye	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	_____ mg	____ per ____
b. Left eye	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	_____ mg	____ per ____
a. Treatment	b. Taken in last 28 days	c. Taking currently	d. Given for an ocular complication	e. Current or last dose	f. Current or last frequency
81. Itraconazole (Sporanox®)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	_____ mg	____ per ____
82. Paromomycin (Humatin®)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	_____	____ per ____
83. Primaquine	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	Yes (<u> 1</u>) No (<u> 2</u>) Unk (<u> 3</u>)	_____ amt & units	____ per ____

D. Other treatments (cont'd)

For items 84-103, list other treatments taken **in the last 28 days**.

Skip to item 104 if no other treatments, or after listing all other treatments.

	a. Treatment	b. Drug code	c. Taking currently	d. Given for an ocular complication	e. Current or last dose (amount and units)	f. Current or last frequency
84.	_____	-----	Yes () No () Unk ()	Yes () No () Unk ()	_____	per _____
85.	_____	-----	Yes () No () Unk ()	Yes () No () Unk ()	_____	per _____
86.	_____	-----	Yes () No () Unk ()	Yes () No () Unk ()	_____	per _____
87.	_____	-----	Yes () No () Unk ()	Yes () No () Unk ()	_____	per _____
88.	_____	-----	Yes () No () Unk ()	Yes () No () Unk ()	_____	per _____
89.	_____	-----	Yes () No () Unk ()	Yes () No () Unk ()	_____	per _____
90.	_____	-----	Yes () No () Unk ()	Yes () No () Unk ()	_____	per _____
91.	_____	-----	Yes () No () Unk ()	Yes () No () Unk ()	_____	per _____
92.	_____	-----	Yes () No () Unk ()	Yes () No () Unk ()	_____	per _____
93.	_____	-----	Yes () No () Unk ()	Yes () No () Unk ()	_____	per _____
94.	_____	-----	Yes () No () Unk ()	Yes () No () Unk ()	_____	per _____
95.	_____	-----	Yes () No () Unk ()	Yes () No () Unk ()	_____	per _____
96.	_____	-----	Yes () No () Unk ()	Yes () No () Unk ()	_____	per _____
97.	_____	-----	Yes () No () Unk ()	Yes () No () Unk ()	_____	per _____
98.	_____	-----	Yes () No () Unk ()	Yes () No () Unk ()	_____	per _____
99.	_____	-----	Yes () No () Unk ()	Yes () No () Unk ()	_____	per _____

D. Other treatments (cont'd)

a. Treatment	b. Drug code	c. Taking currently	d. Given for an ocular complication	e. Current or last dose (amount and units)	f. Current or last frequency
100. _____	-----	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	___ per ___
101. _____	-----	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	___ per ___
102. _____	-----	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	___ per ___
103. _____	-----	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	_____	___ per ___

E. Diabetes treatments

104. Has the patient ever taken any diabetes treatments:

Yes (check all that apply) (1)
No (if "No", skip to Section F) (2)

a. Treatment	b. Ever taken	c. Taking currently
105. Acarbose (Precose®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
106. Chlorpropamide (Diabinese®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
107. Glimepiride (Amaryl®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
108. Glipizide (Glucotrol®, Glucotrol XL®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
109. Glyburide/Glibendamide (DiaBeta®, Glynase Pres Tab®, Micronase®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
110. Metformin (Glucophage®, Glucophage XR®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
111. Pioglitazone (Actos®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
112. Repaglinide (Prandin®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)

E. Diabetes treatments (cont'd)

a. Treatment	b. Ever taken	c. Taking currently
113. Rosiglitazone (Avandia®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)
114. Rosiglitazone and Metformin (Avandamet®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)
115. Tolazamide (Tolinase®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)
116. Insulin (<i>specify</i>): _____	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)
117. Other (<i>specify</i>): _____	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)
118. Other (<i>specify</i>): _____	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)
119. Other (<i>specify</i>): _____	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)

F. Hyperlipidemia treatments

120. Has the patient ever taken any hyperlipidemia treatments:

Yes (*check all that apply*) (1)
No (*if "No", skip to Section G*) (2)

a. Treatment	b. Ever taken	c. Taking currently
121. Atorvastatin (Lipitor®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)
122. Cholestyramine (Questran®, Questran Light®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)
123. Colestipol (Colestid®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)
124. Rosuvastatin (Crestor®)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)	Yes (<input type="radio"/> 1) No (<input type="radio"/> 2) Unk (<input type="radio"/> 3)

F. Hyperlipidemia treatments (cont'd)

	a. Treatment	b. Ever taken	c. Taking currently
125. Ezetimibe (Zetia®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
126. Fenofibrate (Tricor®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
127. Fluvastatin (Lescol®, Lescol XL®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
128. Gemfibrozil (Lopid®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
129. Lovastatin (Altocor®, Mevacor®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
130. Nicotinic acid/Niacin (Niacor®, Niaspan®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
131. Pravastatin (Pravachol®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
132. Simvastatin (Zocor®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
133. Simvastatin and Ezetimibe (Vytorin®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
134. Other (<i>specify</i>): _____	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
135. Other (<i>specify</i>): _____	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
136. Other (<i>specify</i>): _____	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)

G. Hypertension treatments

137. Has the patient ever taken any hypertension treatments:

	Yes (check all that apply) No (if "No", skip to Section H)	(1) 2)	a. Treatment	b. Ever taken	c. Taking currently
138. Amlodipine (Norvasc®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)			
139. Amlodipine/Benazepril (Lotrel®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)			
140. Atenolol (Tenormin®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)			
141. Candesartan (Atacand®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)			
142. Clonidine (Catapres®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)			
143. Diltiazem (Cardizem CD®, Dilacor XR®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)			
144. Doxazosin (Cardura®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)			
145. Enalapril (Vasotec®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)			
146. Furosemide (Lasix®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)			
147. Hydrochlorothiazide (Oretic®, Esidrix®, HydroDIURIL®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)			
148. Hydrochlorothiazide and Triamterene (Dyazide®, Maxzide®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)			
149. Irbesartan (Avapro®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)			
150. Lisinopril (Prinivil®, Zestril®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)			
151. Losartan (Cozaar®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)			
152. Losartan/HCTZ (Hyzaar®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)			

G. Hypertension treatments (cont'd)

	a. Treatment	b. Ever taken	c. Taking currently
153. Metoprolol (Lopressor®, Toprol XL®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
154. Minoxidil (Loniten®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
155. Nifedipine (Procardia XL®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
156. Propranolol (Inderal®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
157. Propranolol LA (Inderal LA®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
158. Quinapril (Accupril®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
159. Terazosin (Hytrin®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
160. Valsartan (Diovan®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
161. Verapamil (Calan®, Calan SR®, Covera-HS®, Isoptin®, Isoptin SR®, Verelan®)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
162. Other (<i>specify</i>): _____	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
163. Other (<i>specify</i>): _____	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)
164. Other (<i>specify</i>): _____	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)	Yes (1) No (2) Unk (3)

H. Anabolic steroids

165. Has the patient ever taken any anabolic steroids:

Yes (*check all that apply*) (1)
 No (*if "No", skip to Section I*) (2)

	a. Treatment	b. Ever taken	c. Taking currently
166. Oxandrolone (Oxandrin®)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)
167. Oxymetholone (Anadrol®)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)
168. Nandrolone Decanoate (Deca-Durabolin®)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)
169. Testosterone Cypionate	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)
170. Testosterone Enanthate	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)
171. Testosterone Propionate	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)
172. Androderm	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)
173. Testoderm	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)
174. Androgel	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)
175. Other (<i>specify</i>): _____	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)
176. Other (<i>specify</i>): _____	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)
177. Other (<i>specify</i>): _____	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)	Yes (<u> 1 </u>) No (<u> 2 </u>) Unk (<u> 3 </u>)

I. Administrative information

178. Date of review: ____ day - ____ month - ____ year

179. Study physician ID: _____

180. Study physician signature:

181. Clinic coordinator ID: _____

182. Clinic coordinator signature:
