



**B. HIV antiretroviral treatments**

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

Yes (*check all that apply*) ( 1 )  
 No (*if "No", skip to Section C*) ( 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
8. Zidovudine and Lamivudine (AZT/3TC) (Combivir®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ tab	___ per _____
9. Zidovudine (AZT, ZDV) (Retrovir®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	___ per _____
10. Didanosine (ddI) (Videx®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	___ per _____
11. Zalcitabine (ddC) (Hivid®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	___ per _____
12. Stavudine (d4T) (Zerit®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	___ per _____
13. Lamivudine (3TC) (Epivir®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	___ per _____
14. Abacavir (ABC) (Ziagen®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	___ per _____
15. Adefovir (Preveon®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	___ per _____
16. Nevirapine (NVP) (Viramune®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	___ per _____
17. Delavirdine (Rescriptor®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	___ per _____
18. Efavirenz (EFV) (Sustiva®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	___ per _____
19. Indinavir (IDV) (Crixivan®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 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 ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	_____ per _____
21. Saquinavir (Hard-gel) (SQV-HGC) (Invirase®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	_____ per _____
22. Saquinavir (Soft-gel) (SQV-SGC) (Fortovase®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	_____ per _____
23. Nelfinavir (NFV) (Viracept™)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	_____ per _____
24. Amprenavir (APV) (Agenerase®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	_____ per _____
25. Hydroxyurea (Hydrea®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	_____ per _____
26. Lopinavir/Ritonavir (LPV/r) (Kaletra®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ amt & units	_____ per _____
27. Tenofovir (TDF) (Viread®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	_____ per _____
28. Abacavir and Zidovudine and Lamivudine (ABC/AZT/3TC) (Trizivir®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ tab	_____ per _____
29. Enfuvirtide (ENF (T-20)) (Fuzeon®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	_____ per _____
30. Abacavir Sulfate and Lamivudine (ABC/3TC) (Epzicom™)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ tab	_____ per _____
31. Tipranavir (TPV) (Aptivus®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	_____ per _____
32. Atazanavir (ATV) (Reyataz®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 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)**

<b>a. Treatment</b>	<b>b. Ever taken</b>	<b>c. Taken in last 28 days</b>	<b>d. Taking currently</b>	<b>e. Current or last dose</b>	<b>f. Current or last frequency</b>
<b>43. IV cidofovir (Vistide®)</b>	Yes ( 1 )	Yes ( 1 )	Yes ( 1 )	_____ mg/kg	___ per _____
	No ( 2 )	No ( 2 )	No ( 2 )		
	Unk ( 3 )	Unk ( 3 )	Unk ( 3 )		
<b>44. Oral ganciclovir (Cytovene®)</b>	Yes ( 1 )	Yes ( 1 )	Yes ( 1 )	_____ mg	___ per _____
	No ( 2 )	No ( 2 )	No ( 2 )		
	Unk ( 3 )	Unk ( 3 )	Unk ( 3 )		
<b>45. Valganciclovir (Valcyte™)</b>	Yes ( 1 )	Yes ( 1 )	Yes ( 1 )	_____ mg	___ per _____
	No ( 2 )	No ( 2 )	No ( 2 )		
	Unk ( 3 )	Unk ( 3 )	Unk ( 3 )		

<b>a. Treatment</b>	<b>b. Ever Injected</b>	<b>c. Injection in last 28 days</b>	<b>d. Taking currently</b>	<b>e. Current or last dose</b>	<b>f. Total # injection(s) to date</b>	
<b>46. Ganciclovir intraocular injections</b>						
	<b>a. Right eye</b>		Yes ( 1 )	Yes ( 1 )	Yes ( 1 )	_____
			No ( 2 )	No ( 2 )	No ( 2 )	
		Unk ( 3 )	Unk ( 3 )	Unk ( 3 )		
				_____ μg		
<b>b. Left eye</b>		Yes ( 1 )	Yes ( 1 )	Yes ( 1 )	_____	
		No ( 2 )	No ( 2 )	No ( 2 )		
		Unk ( 3 )	Unk ( 3 )	Unk ( 3 )		
				_____ μg		
<b>47. Foscarnet intraocular injections</b>	<b>a. Right eye</b>		Yes ( 1 )	Yes ( 1 )	Yes ( 1 )	_____
			No ( 2 )	No ( 2 )	No ( 2 )	
			Unk ( 3 )	Unk ( 3 )	Unk ( 3 )	
				_____ μg		
<b>b. Left eye</b>		Yes ( 1 )	Yes ( 1 )	Yes ( 1 )	_____	
		No ( 2 )	No ( 2 )	No ( 2 )		
		Unk ( 3 )	Unk ( 3 )	Unk ( 3 )		
				_____ μg		
<b>48. Cidofovir intraocular injections</b>	<b>a. Right eye</b>		Yes ( 1 )	Yes ( 1 )	Yes ( 1 )	_____
			No ( 2 )	No ( 2 )	No ( 2 )	
			Unk ( 3 )	Unk ( 3 )	Unk ( 3 )	
				_____ μg		
<b>b. Left eye</b>		Yes ( 1 )	Yes ( 1 )	Yes ( 1 )	_____	
		No ( 2 )	No ( 2 )	No ( 2 )		
		Unk ( 3 )	Unk ( 3 )	Unk ( 3 )		
				_____ μg		
<b>49. Formivirsen intraocular injections</b>	<b>a. Right eye</b>		Yes ( 1 )	Yes ( 1 )	Yes ( 1 )	_____
			No ( 2 )	No ( 2 )	No ( 2 )	
			Unk ( 3 )	Unk ( 3 )	Unk ( 3 )	
				_____ μg		
<b>b. Left eye</b>		Yes ( 1 )	Yes ( 1 )	Yes ( 1 )	_____	
		No ( 2 )	No ( 2 )	No ( 2 )		
		Unk ( 3 )	Unk ( 3 )	Unk ( 3 )		
				_____ μg		

**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
<b>50. Ganciclovir intraocular implant (Vitrasert®)</b>					
a. Right eye	Yes ( 1 )	_____ - _____ - _____	_____ mg/implant	_____	_____
	No ( 2 )				
	Unk ( 3 )				
b. Left eye	Yes ( 1 )	_____ - _____ - _____	_____ mg/implant	_____	_____
	No ( 2 )				
	Unk ( 3 )				

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 )	Yes ( 1 )	_____	_____ per _____
		No ( 2 )	No ( 2 )		
		Unk ( 3 )	Unk ( 3 )		
52. _____	_____	Yes ( 1 )	Yes ( 1 )	_____	_____ per _____
		No ( 2 )	No ( 2 )		
		Unk ( 3 )	Unk ( 3 )		
53. _____	_____	Yes ( 1 )	Yes ( 1 )	_____	_____ per _____
		No ( 2 )	No ( 2 )		
		Unk ( 3 )	Unk ( 3 )		
54. _____	_____	Yes ( 1 )	Yes ( 1 )	_____	_____ per _____
		No ( 2 )	No ( 2 )		
		Unk ( 3 )	Unk ( 3 )		
55. _____	_____	Yes ( 1 )	Yes ( 1 )	_____	_____ per _____
		No ( 2 )	No ( 2 )		
		Unk ( 3 )	Unk ( 3 )		
56. _____	_____	Yes ( 1 )	Yes ( 1 )	_____	_____ per _____
		No ( 2 )	No ( 2 )		
		Unk ( 3 )	Unk ( 3 )		

**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 )	Yes ( 1 )	Yes ( 1 )	_____ mg	_____ per _____
	No ( 2 )	No ( 2 )	No ( 2 )		
	Unk ( 3 )	Unk ( 3 )	Unk ( 3 )		
59. Pentamidine - systemic (Pentam®)	Yes ( 1 )	Yes ( 1 )	Yes ( 1 )	_____ mg	_____ per _____
	No ( 2 )	No ( 2 )	No ( 2 )		
	Unk ( 3 )	Unk ( 3 )	Unk ( 3 )		
60. Trimethoprim/Sulfamethoxazole (Bactrim™; Septra®)	Yes ( 1 )	Yes ( 1 )	Yes ( 1 )	_____ tab	_____ per _____
	No ( 2 )	No ( 2 )	No ( 2 )		
	Unk ( 3 )	Unk ( 3 )	Unk ( 3 )		

**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 ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	____ per _____
62. Atovaquone (Mepron®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	____ per _____
63. Pyrimethamine (Daraprim®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	____ per _____
64. Sulfadiazine	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	____ per _____
65. Clindamycin (Cleocin®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	____ per _____
66. Ethambutol (Myambutol®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	____ per _____
67. Rifabutin (Mycobutin®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	____ per _____
68. Clarithromycin (Biaxin) (Filmstab®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	____ per _____
69. Azithromycin (Zithromax®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	____ per _____
70. Fluconazole (Diflucan®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	____ per _____
71. Amphotericin B	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	____ per _____
72. Acyclovir - IV	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	____ per _____
73. Acyclovir - oral (Zovirax®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	____ per _____
74. Valacyclovir - oral (Valtrex®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ mg	____ per _____
75. Famciclovir (Famvir®)	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____ 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 ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	_____ mg	_____ per _____
77. Erythropoietin (Procrit®; Epogen®)	Yes ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	_____ units	_____ per _____
78. Topical (ophthalmic) prednisolone acetate	Yes ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	_____ %	_____ per _____
79. Prednisone (Deltasone®)	Yes ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	_____ 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 ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	_____ mg	_____ per _____
b. Left eye	Yes ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	_____ 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 ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	_____ mg	_____ per _____
82. Paromomycin (Humatin®)	Yes ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	_____ mg	_____ per _____
83. Primaquine	Yes ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	Yes ( 1) No ( 2) Unk ( 3)	_____ 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 ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____	___ per _____
85. _____	_____	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____	___ per _____
86. _____	_____	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____	___ per _____
87. _____	_____	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____	___ per _____
88. _____	_____	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____	___ per _____
89. _____	_____	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____	___ per _____
90. _____	_____	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____	___ per _____
91. _____	_____	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____	___ per _____
92. _____	_____	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____	___ per _____
93. _____	_____	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____	___ per _____
94. _____	_____	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____	___ per _____
95. _____	_____	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____	___ per _____
96. _____	_____	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____	___ per _____
97. _____	_____	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____	___ per _____
98. _____	_____	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____	___ per _____
99. _____	_____	Yes ( 1 ) No ( 2 ) Unk ( 3 )	Yes ( 1 ) No ( 2 ) Unk ( 3 )	_____	___ 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)**

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

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

**F. Hyperlipidemia treatments (cont'd)**

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

<b>a.</b>	<b>b.</b>	<b>c.</b>
<b>Treatment</b>	<b>Ever taken</b>	<b>Taking currently</b>
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)**

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

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

