Followup Treatment History

Purpose: Report current and interim use of medications. List *all* prescription and experimental medications.
When: At all clinic followup visits and at death.
By Whom: Study physician and clinic coordinator.
Reference: Frontier Science and Technology Research Foundation listing (http://www/fstrf.org).
Instructions: Sections B, C and D ask about medications used in the time interval between the date of the last study visit and today. Sections E, F, and G ask about medications being used currently. For the first followup (F1) visit, the time interval is from baseline (BL) until today. If data item and sub-item is unknown, record "M".
Section B (HIV antiretroviral treatments), Section C (CMV disease treatments), and/or Section D (Other treatments)
  • If the specified medication was not taken in the time interval, check "No" in column **b** and leave other columns blank.
  • If don't know whether the specified medication was taken in the time interval, check "Unk" in column **b** and leave other columns blank.
  • If the specified medication was taken in the time interval, record the following:
    - Check "Yes" in column **b**.
    - If the patient started and/or stopped the medication in the time interval, record date(s) in column **c** and/or **d**.
    - Record current or most recent dose in column **e** using the units specified under lines in column **e**.
    - Record frequency in column **f** as the number of doses per unit of time, e.g., 2 per day, 3 per week, or 1 per PRN.
  • Record other antiretroviral or CMV disease medications taken during the time interval that are not listed previously. Clearly print medication name in column **a**. Record the drug code (from the Frontier Science and Technology 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, check "No" in column **b** and leave other columns blank.
  • If don't know whether the specified medication is being taken currently, check "Unk" in column **b** and leave other columns blank.
  • If the specified medication is being taken currently, check "Yes" in column **b**.

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: ____ ____ ____

6. Sequential number of this FT 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.)

7. Date of most recent Treatment History form
(for F1 visit, enter enrollment date here):

    ____ ____ - ____ ____ - ____ ____
        day   month   year

B. HIV antiretroviral treatments

8. Has the patient used any HIV antiretroviral treatments since the last visit:

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

a. Treatment	b. Drug used since date in item 7	c. Date new treatment started since date in item 7 (day-month-year)	d. Date treatment stopped since date in item 7 (day-month-year)	e. Current or last dose	f. Current or last frequency
9. Zidovudine and Lamivudine (AZT/3TC) (Combivir®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	_____ tab	__ per ____
10. Zidovudine (AZT, ZDV) (Retrovir®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ __ mg	__ per ____
11. Didanosine (ddI) (Videx®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ mg	__ per ____
12. Zalcitabine (ddC) (Hivid®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ . __ __ __ mg	__ per ____
13. Stavudine (d4T) (Zerit®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ __ mg	__ per ____
14. Lamivudine (3-TC) (Epivir®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ mg	__ per ____
15. Abacavir (ABC) (Ziagen®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ __ mg	__ per ____
16. Adefovir (Preveon®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ __ mg	__ per ____
17. Nevirapine (NVP) (Viramune®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ __ mg	__ per ____
18. Delavirdine (Rescriptor®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ __ mg	__ per ____
19. Efavirenz (EFV) (Sustiva®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ __ mg	__ per ____
20. Indinavir (IDV) (Crixivan®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ __ mg	__ per ____
21. Ritonavir (RTV) (Norvir®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ __ mg	__ per ____
22. Saquinavir (Hard-gel) (SQV-HGC) (Invirase®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ __ mg	__ per ____

B. HIV antiretroviral treatments (cont'd)

a. Treatment	b. Drug used since date in item 7	c. Date new treatment started since date in item 7 (day-month-year)	d. Date treatment stopped since date in item 7 (day-month-year)	e. Current or last dose	f. Current or last frequency
23. Saquinavir (Soft-gel) (SQV-SGC) (Fortovase®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ mg	__ per ____
24. Nelfinavir (NFV) (Viracept™)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ mg	__ per ____
25. Amprenavir (APV) (Agenerase®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ mg	__ per ____
26. Hydroxyurea (Hydrea®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ mg	__ per ____
27. Lopinavir/Ritonavir (LPV/r) (Kaletra®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	_____ amt & units	__ per ____
28. Tenofovir (TDF) (Viread®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ mg	__ per ____
29. Abacavir/Zidovudine/ Lamivudine (ABC/AZT/3TC) (Trizivir®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	_____ tab	__ per ____
30. Enfuvirtide (ENF (T-20)) (Fuzeon®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ mg	__ per ____
31. Abacavir Sulfate and Lamivudine (ABC/3TC) (Epzicom®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	_____ tab	__ per ____
32. Tipranavir (TPV) (Aptivus®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ mg	__ per ____
33. Atazanavir (ATV) (Reyataz®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ mg	__ per ____
34. Didanosine (ddI) (Videx EC®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ mg	__ per ____

B. HIV antiretroviral treatments (cont'd)

a. Treatment	b. Drug used since date in item 7	c. Date new treatment started since date in item 7 (day-month-year)	d. Date treatment stopped since date in item 7 (day-month-year)	e. Current or last dose	f. Current or last frequency
35. Emtricitabine (FTC) (Emtriva®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ mg	__ per ____
36. Emtricitabine and Tenofovir (FTC/TDF) (Truvada®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	_____ tab	__ per ____
37. Fos-amprenavir (FPV) (Lexiva®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	__ __ __ __ mg	__ per ____

Skip to item 44 if no other antiretroviral treatments, or after listing all other antiretroviral treatments.

a. Other Antiretroviral Treatments	b. Drug code	c. Date new treatment started since date in item 7 (day-month-year)	d. Date treatment stopped since date in item 7 (day-month-year)	e. Current or last dose (amount and units)	f. Current or last frequency
38. _____	__ __ __ __ __ __	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __	_____	__ per ____
39. _____	__ __ __ __ __ __	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __	_____	__ per ____
40. _____	__ __ __ __ __ __	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __	_____	__ per ____
41. _____	__ __ __ __ __ __	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __	_____	__ per ____
42. _____	__ __ __ __ __ __	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __	_____	__ per ____
43. _____	__ __ __ __ __ __	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __	_____	__ per ____

C. CMV disease treatments

44. Has the patient used any CMV disease treatments since the last visit:

Yes *(check all that apply)*   (1)

No *(if "No", skip to Section D)*   (2)

a. Treatment	b. Drug used since date in item 7	c. Date new treatment started since date in item 7 (day-month-year)	d. Date treatment stopped since date in item 7 (day-month-year)	e. Current or last dose	f. Current or last frequency
45. IV foscarnet (Foscavir®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	_____ mg/kg	__ per ____
46. IV ganciclovir (Cytovene-IV®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __ __	__ __ - __ __ __ - __ __ __	_____ mg/kg	__ per ____

C. CMV disease treatments (cont'd)

a. Treatment	b. Drug used since date in item 7	c. Date new treatment started since date in item 7 (day-month-year)	d. Date treatment stopped since date in item 7 (day-month-year)	e. Current or last dose	f. Current or last frequency
47. IV cidofovir (Vistide®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____ mg/kg	__ per ____
48. Oral ganciclovir (Cytovene®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____ mg	__ per ____
49. Valganciclovir (Valcyte™)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____ mg	__ per ____

a. Treatment	b. Drug used since date in item 7	c. Date new treatment started since date in item 7 (day-month-year)	d. Date treatment stopped since date in item 7 (day-month-year)	e. Current or last dose	f. Total # of injections since date in item 7
50. Ganciclovir intraocular injections					
a. Right eye	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____ μg	_____
b. Left eye	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____ μg	_____
51. Foscarnet intraocular injections					
a. Right eye	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____ μg	_____
b. Left eye	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____ μg	_____
52. Cidofovir intraocular injections					
a. Right eye	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____ μg	_____
b. Left eye	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____ μg	_____
53. Formivirsen intraocular injections					
a. Right eye	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____ μg	_____
b. Left eye	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____ μg	_____

C. CMV disease treatments (cont'd)

a. Treatment	b. Implant placed since date in item 7	c. Date new implant placed since date in item 7 (day-month-year)	d. Dose	e. Total # of implants since date in item 7	f. # currently in the eye
54. 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 64 if no other CMV disease treatments, or after listing all other CMV disease treatments.

a. Other CMV Disease Treatments	b. Drug code	c. Date new treatment started since date in item 7 (day-month-year)	d. Date treatment stopped since date in item 7 (day-month-year)	e. Current or last dose (amount and units)	f. Current or last frequency
55. _____	_ _ _ _ _ _ _ _	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____	__ per ____
56. _____	_ _ _ _ _ _ _ _	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____	__ per ____
57. _____	_ _ _ _ _ _ _ _	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____	__ per ____
58. _____	_ _ _ _ _ _ _ _	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____	__ per ____
59. _____	_ _ _ _ _ _ _ _	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____	__ per ____
60. _____	_ _ _ _ _ _ _ _	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____	__ per ____
61. _____	_ _ _ _ _ _ _ _	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____	__ per ____
62. _____	_ _ _ _ _ _ _ _	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____	__ per ____
63. _____	_ _ _ _ _ _ _ _	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	_____	__ per ____

D. Other treatments

64. Has the patient used other treatments since the last visit:
(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 was given since the date in item 7 at least in part for an ocular complication, check "Yes" in column e.

a. Treatment	b. Drug used since date in item 7	c. Date new treatment started since date in item 7 (day-month-year)	d. Date treatment stopped since date in item 7 (day-month-year)	e. Given for an ocular complications	f. Current or last dose	g. Current or last frequency
65. Pentamidine - inhaled (Nebupent®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ __ - __ __ __	__ __ __ - __ __ __ - __ __	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ __ __ mg	__ per ____
66. Pentamidine - systemic (Pentam®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ __ - __ __ __	__ __ __ - __ __ __ - __ __	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ __ __ mg	__ per ____
67. Trimethoprim/ Sulfamethoxazole (Bactrim™; Septra®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ - __ __ __	__ __ - __ __ - __ __ __	Yes ($_1$) No ($_2$) Unk ($_3$)	____ tab ____	__ per ____
68. Dapsone	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ - __ __ __	__ __ - __ __ - __ __ __	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ __ __ mg	__ per ____
69. Atovaquone (Mepron®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ - __ __ __	__ __ - __ __ - __ __ __	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ __ __ mg	__ per ____
70. Pyrimethamine (Daraprim®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ - __ __ __	__ __ - __ __ - __ __ __	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ __ __ mg	__ per ____
71. Sulfadiazine	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ - __ __ __	__ __ - __ __ - __ __ __	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ __ __ mg	__ per ____
72. Clindamycin (Cleocin®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ - __ __ __	__ __ - __ __ - __ __ __	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ __ __ mg	__ per ____
73. Ethambutol (Myambutol®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ - __ __ __	__ __ - __ __ - __ __ __	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ __ __ mg	__ per ____
74. Rifabutin (Mycobutin®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ - __ __ __	__ __ - __ __ - __ __ __	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ __ __ mg	__ per ____
75. Clarithromycin (Biaxin/Filmtab®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ - __ __ __	__ __ - __ __ - __ __ __	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ __ __ mg	__ per ____
76. Azithromycin (Zithromax®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ - __ __ __	__ __ - __ __ - __ __ __	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ __ __ mg	__ per ____
77. Fluconazole (Diflucan®)	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ - __ __ - __ __ __	__ __ - __ __ - __ __ __	Yes ($_1$) No ($_2$) Unk ($_3$)	__ __ __ __ mg	__ per ____

D. Other treatments (cont'd)

a. Treatment	b. Drug used since date in item 7	c. Date new treatment started since date in item 7 (day-month-year)	d. Date treatment stopped since date in item 7 (day-month-year)	e. Given for an ocular com- plications	f. Current or last dose	g. Current or last frequency
78. Amphotericin B	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	__ __ __ mg	__ per ____
79. Acyclovir - IV	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	__ __ __ mg	__ per ____
80. Acyclovir - oral (Zovirax®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	__ __ __ mg	__ per ____
81. Valacyclovir - oral (Valtrex®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	__ __ __ mg	__ per ____
82. Famciclovir (Famvir®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	__ __ __ mg	__ per ____
83. Filgrastim® (G-CSF; Neupogen)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	__ __ __ mcg	__ per ____
84. Erythropoietin (Procrit®/Epogen®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	__ __ __ __ units	__ per ____
85. Topical (ophthalmic) prednisolone acetate	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	__ . __ __ %	__ per ____
86. Prednisone (Deltasone®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	__ __ __ mg	__ per ____
87. Triamcinolone Acetonide (Periocular Kenalog® injections)						
a. Right eye	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)	__ __ mg	__ per ____
88. Itraconazole (Sporanox®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	__ __ mg	__ per ____
89. Paromomycin (Humatin®)	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	__ __ __ mg	__ per ____
90. Primaquine	Yes (1) No (2) Unk (3)	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____ amt & units	__ per ____

D. Other treatments (cont'd)

Skip to item 111 if no other treatments, or after listing all other antiretroviral treatments.

a. Treatment b. Drug code	c. Date new treatment started since date in item 7 (day-month-year)	d. Date treatment stopped since date in item 7 (day-month-year)	e. Given for an ocular complications	f. Current or last dose (amount and units)	g. Current or last frequency
91a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	__ per ____
91b. __ __ __ __ __ __ __ __ __ drug code					
92a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	__ per ____
92b. __ __ __ __ __ __ __ __ __ drug code					
93a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	__ per ____
93b. __ __ __ __ __ __ __ __ __ drug code					
94a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	__ per ____
94b. __ __ __ __ __ __ __ __ __ drug code					
95a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	__ per ____
95b. __ __ __ __ __ __ __ __ __ drug code					
96a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	__ per ____
96b. __ __ __ __ __ __ __ __ __ drug code					
97a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	__ per ____
97b. __ __ __ __ __ __ __ __ __ drug code					

D. Other treatments (cont'd)

a. Treatment b. Drug code	c. Date new treatment started since date in item 7 (day-month-year)	d. Date treatment stopped since date in item 7 (day-month-year)	e. Given for an ocular complications	f. Current or last dose (amount and units)	g. Current or last frequency
98a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	___ per _____
98b. __ __ __ __ __ __ __ __ drug code					
99a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	___ per _____
99b. __ __ __ __ __ __ __ __ drug code					
100a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	___ per _____
100b. __ __ __ __ __ __ __ __ drug code					
101a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	___ per _____
101b. __ __ __ __ __ __ __ __ drug code					
102a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	___ per _____
102b. __ __ __ __ __ __ __ __ drug code					
103a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	___ per _____
103b. __ __ __ __ __ __ __ __ drug code					
104a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	___ per _____
104b. __ __ __ __ __ __ __ __ drug code					

D. Other treatments (cont'd)

a. Treatment b. Drug code	c. Date new treatment started since date in item 7 (day-month-year)	d. Date treatment stopped since date in item 7 (day-month-year)	e. Given for an ocular complications	f. Current or last dose (amount and units)	g. Current or last frequency
105a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	___ per _____
105b. __ __ __ __ __ __ __ drug code					
106a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	___ per _____
106b. __ __ __ __ __ __ __ drug code					
107a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	___ per _____
107b. __ __ __ __ __ __ __ drug code					
108a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	___ per _____
108b. __ __ __ __ __ __ __ drug code					
109a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	___ per _____
109b. __ __ __ __ __ __ __ drug code					
110a. _____	__ __ - __ __ __ - __ __	__ __ - __ __ __ - __ __	Yes (1) No (2) Unk (3)	_____	___ per _____
110b. __ __ __ __ __ __ __ drug code					

E. Diabetes treatments

111. Has the patient used any diabetes treatments since the last visit:

Yes (1)
No *(if "No", skip to Section F)* (2)

a. Treatment	b. Taking currently
112. Acarbose (Precose®)	Yes (1) No (2) Unk (3)
113. Chlorpropamide (Diabinese®)	Yes (1) No (2) Unk (3)
114. Glimepiride (Amaryl®)	Yes (1) No (2) Unk (3)
115. Glipizide (Glucotrol®, Glucotrol XL®)	Yes (1) No (2) Unk (3)
116. Glyburide/Glibendamide (DiaBeta®, Glynase Pres Tab®, Micronase®)	Yes (1) No (2) Unk (3)
117. Metformin (Glucophage®, Glucophage XR®)	Yes (1) No (2) Unk (3)
118. Pioglitazone (Actos®)	Yes (1) No (2) Unk (3)
119. Repaglinide (Prandin®)	Yes (1) No (2) Unk (3)
120. Rosiglitazone (Avandia®)	Yes (1) No (2) Unk (3)
121. Rosiglitazone and Metformin (Avandamet®)	Yes (1) No (2) Unk (3)
122. Tolazamide (Tolinase®)	Yes (1) No (2) Unk (3)
123. Insulin *(specify)*:	Yes (1) No (2) Unk (3)
124. Other *(specify)*:	Yes (1) No (2) Unk (3)
125. Other *(specify)*:	Yes (1) No (2) Unk (3)

a. Treatment	b. Taking currently
126. Other *(specify)*:	Yes (1) No (2) Unk (3)

F. Hyperlipidemia treatments

127. Has the patient used any hyperlipidemia treatments since the last visit:

Yes (1)
No *(if "No", skip to Section G)* (2)

a. Treatment	b. Taking currently
128. Atorvastatin (Lipitor®)	Yes (1) No (2) Unk (3)
129. Cholestyramine (Questran®, Questran Light®)	Yes (1) No (2) Unk (3)
130. Colestipol (Colestid®)	Yes (1) No (2) Unk (3)
131. Rosuvastatin (Crestor®)	Yes (1) No (2) Unk (3)
132. Ezetimibe (Zetia®)	Yes (1) No (2) Unk (3)
133. Fenofibrate (Tricor®)	Yes (1) No (2) Unk (3)
134. Fluvastatin (Lescol®, Lescol XL®)	Yes (1) No (2) Unk (3)
135. Gemfibrozil (Lopid®)	Yes (1) No (2) Unk (3)
136. Lovastatin (Altocor®, Mevacor®)	Yes (1) No (2) Unk (3)
137. Nicotinic acid/Niacin (Niacor®, Niaspan®)	Yes (1) No (2) Unk (3)
138. Pravastatin (Pravachol®)	Yes (1) No (2) Unk (3)

F. Hyperlipidemia treatments (cont'd)

a. Treatment	b. Taking currently
139. Simvastatin (Zocor®)	Yes ($_1$) No ($_2$) Unk ($_3$)
140. Simvastatin and Ezetimibe (Vytorin®)	Yes ($_1$) No ($_2$) Unk ($_3$)
141. Other *(specify)*: _____	Yes ($_1$) No ($_2$) Unk ($_3$)
142. Other *(specify)*: _____	Yes ($_1$) No ($_2$) Unk ($_3$)
143. Other *(specify)*: _____	Yes ($_1$) No ($_2$) Unk ($_3$)

G. Hypertension treatments

144. Has the patient used any hypertension treatments since the last visit:

Yes ($_1$)
No *(if "No", skip to Section H)* ($_2$)

a. Treatment	b. Taking currently
145. Amlodipine (Norvasc®)	Yes ($_1$) No ($_2$) Unk ($_3$)
146. Amlodipine/Benazepril (Lotrel®)	Yes ($_1$) No ($_2$) Unk ($_3$)
147. Atenolol (Tenormin®)	Yes ($_1$) No ($_2$) Unk ($_3$)
148. Candesartan (Atacand®)	Yes ($_1$) No ($_2$) Unk ($_3$)
149. Clonidine (Catapres®)	Yes ($_1$) No ($_2$) Unk ($_3$)
150. Diltiazem (Cardizem CD®, Dilacor XR®)	Yes ($_1$) No ($_2$) Unk ($_3$)
151. Doxazosin (Cardura®)	Yes ($_1$) No ($_2$) Unk ($_3$)

a. Treatment	b. Taking currently
152. Enalapril (Vasotec®)	Yes ($_1$) No ($_2$) Unk ($_3$)
153. Furosemide (Lasix®)	Yes ($_1$) No ($_2$) Unk ($_3$)
154. Hydrochlorothiazide (Oretic®, Esidrix®, HydroDIURIL®)	Yes ($_1$) No ($_2$) Unk ($_3$)
155. Hydrochlorothiazide and Triamterene (Dyazide®, Maxzide®)	Yes ($_1$) No ($_2$) Unk ($_3$)
156. Irbesartan (Avapro®)	Yes ($_1$) No ($_2$) Unk ($_3$)
157. Lisinopril (Prinivil®, Zestril®)	Yes ($_1$) No ($_2$) Unk ($_3$)
158. Losartan (Cozaar®)	Yes ($_1$) No ($_2$) Unk ($_3$)
159. Losartan/HCTZ (Hyzaar®)	Yes ($_1$) No ($_2$) Unk ($_3$)
160. Metoprolol (Lopressor®, Toprol XL®)	Yes ($_1$) No ($_2$) Unk ($_3$)
161. Minoxidil (Loniten®)	Yes ($_1$) No ($_2$) Unk ($_3$)
162. Nifedipine (Procardia XL®)	Yes ($_1$) No ($_2$) Unk ($_3$)
163. Propranolol (Inderal®)	Yes ($_1$) No ($_2$) Unk ($_3$)
164. Propranolol LA (Inderal LA®)	Yes ($_1$) No ($_2$) Unk ($_3$)
165. Quinapril (Accupril®)	Yes ($_1$) No ($_2$) Unk ($_3$)
166. Terazosin (Hytrin®)	Yes ($_1$) No ($_2$) Unk ($_3$)
167. Valsartan (Diovan®)	Yes ($_1$) No ($_2$) Unk ($_3$)

G. Hypertension treatments (cont'd)

a. Treatment	b. Taking currently
168. Verapamil (Calan®, Calan SR®, Covera-HS®, Isoptin®, Isoptin SR®, Verelan®)	Yes (1) No (2) Unk (3)
169. Other *(specify)*: _____	Yes (1) No (2) Unk (3)
170. Other *(specify)*: _____	Yes (1) No (2) Unk (3)
171. Other *(specify)*: _____	Yes (1) No (2) Unk (3)

H. Anabolic steroids

172 Has the patient used any anabolic steroids since the last visit:

Yes (1)
No *(if "No", skip to Section I)* (2)

a. Treatment	b. Taking currently
173. Oxandrolone (Oxandrin®)	Yes (1) No (2) Unk (3)
174. Oxymetholone (Anadrol®)	Yes (1) No (2) Unk (3)
175. Nandrolone Decanoate (Deca-Durabolin®)	Yes (1) No (2) Unk (3)
176. Testosterone Cypionate	Yes (1) No (2) Unk (3)
177. Testosterone Enanthate	Yes (1) No (2) Unk (3)
178. Testosterone Propionate	Yes (1) No (2) Unk (3)
179. Androderm	Yes (1) No (2) Unk (3)
180. Testoderm	Yes (1) No (2) Unk (3)
181. Androgel	Yes (1) No (2) Unk (3)

a. Treatment	b. Taking currently
182. Other *(specify)*: _____	Yes (1) No (2) Unk (3)
183. Other *(specify)*: _____	Yes (1) No (2) Unk (3)
184. Other *(specify)*: _____	Yes (1) No (2) Unk (3)

I. Administrative information

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

186. Study physician ID: ____ ____

187. Study physician signature:
_____

188. Clinic coordinator ID: ____ ____

189. Clinic coordinator signature:
_____