

Medication History (F22MED)
Version: 10/1/08

1. Question B2a: Add back "*" for drugs 204, 234, 239 and 253 to correlate with note regarding participant use of drugs marked with "*."
2. Delete Question B8a: *"Most anti-HIV medications need to be taken on a schedule, such as 'every 12 hours' or 'every 8 hours.' In general, how closely do you follow your specific schedule?"*
3. Delete Question B8b: *"Do any of your anti-HIV medications have special instructions such as 'take with food' or 'take on an empty stomach' or 'take with plenty of fluids?'"*
4. Delete Question B8c: *"In general, how often do you follow these special instructions?"*
5. Delete Question B9: *"Is participant currently taking combination therapy?"*
6. Delete Questions B9a-B9d: *"I am going to read you some things that people taking combination drug treatments believe about the transmission of HIV.... Please tell me if you strongly agree, agree, if you are uncertain, or if you disagree or strongly disagree with each of these statements."*
7. Revise Prompt after Question E2: *"Ask the participant to display her Vaccination Card. If information regarding flu vaccination information on the Vaccination History (VAC) Form."*
8. Delete Question E2a: *"Is information regarding flu vaccination on the participant's vaccination card?"*
9. Delete Question E2b: *"Which did you have?"*
10. Delete Question E2c: *"When did you receive the flu vaccine?"*
11. Delete Question E3: *"Since your (MONTH) study visit, have you had a vaccine for bird flu?"*
12. Delete Question E3a: *"When did you receive the bird flu vaccine?"*
13. Delete Prompt after Question E3a: *"If participant says 'NO' and asks if this is available, say that this question is included in case a bird flu vaccine is offered in the future."*

14. Delete Questions E6, E6a-E6c: *“Did you receive a prescription medication from your provider to prevent getting flu, or to treat flu since your (MONTH) study visit?”*
15. Delete Questions E7, E7a-E7d, and Prompts: *“Since your (MONTH) study visit, did you have an illness that you think was the ‘flu’ (but not stomach flu)?”*
16. Delete Questions E8a-E8f: *“Did you have any of the following symptoms when you had flu in [MONTH/YEAR]?”*
17. Delete Question B9: *“When you had flu in [MONTH/YEAR], how many days were you not able to do your usual activities or how many days of work did you miss?”*
18. Delete Section F: Alternative / Complementary Medication Use, including Questions F1a and F1c from F22MED, and Question F1b from F22MEDS5.