

Medication History (F22MED)
Version 10/01/13

1. Question B2a: Add newly-approved antiretroviral: 286 = Tivicay (dolutegravir).
2. Delete Questions B3b through B3i: *"Why did you start taking antiretroviral medications now?"*
 - a. *"My viral load went up."*
 - b. *"My CD4 level went down."*
 - c. *"I was diagnosed with AIDS."*
 - d. *"I became sicker, although I wasn't diagnosed with AIDS."*
 - e. *"My doctor recommended I start since my last study visit."*
 - f. *"My doctor had previously recommended I start."*
 - g. *"I'm pregnant or intend to become pregnant."*
 - h. *"Other reason."*
3. Add new 3-item adherence scale (by I. Wilson 2013) as Questions B7b through B7d.
 - a. B7b: *"In the last 30 days, on how many days did you miss at least one dose of any of your HIV medicines?"*
 - b. B7c: *"In the last 30 days, how good a job did you do at taking your HIV medicines in the way you were supposed to?"*
 - c. B7d: *"In the last 30 days, how often did you take your HIV medicines in the way you were supposed to?"*
4. Section C: Delete the following OI prophylaxis medications:
 - a. *"Interferon alfa-2b (Intron A) or Interferon alfa-2a (Roferon A)"*
 - b. *"Cipro (ciprofloxacin)"*
 - c. *"Lamprene (clofaximine)"*
 - d. *"Orapred"*
5. Section D: Delete the following Hepatitis medications:
 - a. *"Interferon alfa 2b (Intron A) or Interferon alfa-2a (Roferon A)"*
 - b. *"Infergon (interferon alfacon 1)"*
 - c. *"Famvir (famciclovir)"*
 - d. *"Alinia (nitazoxanide)"*
6. Add new Question E1g: *"Since your (MONTH) study visit, have you received any of the following vaccinations: Herpes zoster (shingles)?"*
7. Delete Question E2b: *"What type of regular flu vaccine did you have?"*
8. Delete Question E2c: *"When did you receive the regular flu vaccine?"*
9. Delete Question E4: *"In the past year, did you have an illness that you think was the 'flu'?"*
10. Delete Question E5: *"Did you have any of the following symptoms when you thought you had the flu? If you think you had the flu more than once, please tell me about your symptoms at the time you were most seriously ill with the flu."*
 - a. *"Fever"*
 - b. *"Dry cough"*

- c. *"Sore throat"*
 - d. *"Muscle or body aches"*
 - e. *"Nausea, vomiting or diarrhea"*
 - f. *"Headache"*
11. Delete Question E5g: *"What was the date of your most serious flu symptoms?"*
 12. Question E12d: Remove *"calcium"* and *"vitamin D"* from this question. Their use will be recorded only in Section F, Complementary/Alternative Therapy section. Update list of other osteoporosis medications.
 13. Question F1biii: Add new reason for use of complementary/alternative therapy, *"it was prescribed by my medical provider."*