

Changes in medical history questionnaire

Since your last sample collection, have you had any of the following changes?

1. Started any new medications? Select all that apply.
 - a. ☐ Prescription medication(s) (if selected, show 1.a.i-iii)
 - i. What medication(s)? _____
 - ii. When did you start this medication(s)? _____
 - iii. What is the dose? _____
 - b. ☐ Over-the-counter medication(s) (if selected, show 1.b.i-iii)
 - i. What medication(s)? _____
 - ii. When did you start this medication(s)? _____
 - iii. What is the dose? _____
 - c. ☐ Vitamins or herbal supplements (if selected, show 1.c.i-iii)
 - i. What medication(s)? _____
 - ii. When did you start this medication(s)? _____
 - iii. What is the dose? _____
 - d. ☐ None (skip to 2)
2. Stopped taking any medications? Select all that apply.
 - a. ☐ Prescription medication(s) (if selected, show 2.a.i-iii)
 - i. What medication(s)? _____
 - ii. When did you stop this medication? _____
 - b. ☐ Over-the-counter medications (if selected, show 2.b.i-iii)
 - i. What medication(s)? _____
 - ii. When did you stop this medication? _____
 - c. ☐ Vitamins or herbal supplements (if selected, show 2.c.i-iii)
 - i. What medication(s)? _____
 - ii. When did you stop this medication? _____
 - d. ☐ None (skip to 3)
3. Received any vaccinations?
☐ Yes (if selected, show 3a-b)
 - a. What vaccination(s)? _____
 - b. When did you receive this vaccination? _____☐ No (skip to 4)
4. Had a blood transfusion?
☐ Yes (if selected, show 4a)
 - a. When did you receive this transfusion? _____

☐ No (skip to 5)

5. Had any surgical procedures?

☐ Yes (if selected, show 5a-b)

a. What procedure(s)?

b. When did you undergo this procedure?

☐ No (skip to 6)

6. Had any symptoms of infections?

☐ Yes (if selected, show 6a-b)

a. Were you diagnosed?

☐ Yes (if selected show 6.a.i)

i. What was the diagnosis? _____

☐ No (skip to 6b)

b. When did you first see symptoms?

☐ No (skip to 7)

7. Received any new medical diagnoses given to you by another health care provider?

☐ Yes (if selected, show 7a)

a. What was the diagnosis? _____

☐ No (skip to 8)

8. If female: Are you currently pregnant?

☐ Yes

☐ No

☐ Not applicable