PTID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initials/Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MTN-023/IPM 030 Baseline Medical History Questions Sheet**Not a DataFax form. Do not fax to DataFax.

Complete at the Screening Visit. Record relevant baseline conditions on the Pre-existing Conditions CRF. Relevant conditions include (but are not limited to): hospitalizations; surgeries; allergies; conditions requiring prescription or chronic medication (lasting for more than 2 weeks); and any conditions currently experienced by the participant.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Have you ever experienced any significant medical problems involving the following organ system/disease? |
|  | **Yes** | **No** |
| 1 | Head, eyes, ears, nose, or throat |  |  |
| 2 | Gynecologic |  |  |
| 3 | Lymphatic |  |  |
| 4 | Cardiovascular |  |  |
| 5 | Respiratory |  |  |
| 6 | Liver |  |  |
| 7 | Renal (including urinary symptoms) |  |  |
| 8 | Gastrointestinal |  |  |
| 9 | Musculoskeletal (including bone fractures) |  |  |
| 10 | Neurologic |  |  |
| 11 | Skin |  |  |
| 12 | Endocrine/Metabolic |  |  |
| 13 | Hematologic |  |  |
| 14 | Cancer |  |  |
| 15 | Drug Allergy |  |  |
| 16 | Other Allergy |  |  |
| 17 | Mental Illness |  |  |
| 18 | Have you ever experienced any of the following genital symptoms? | **Yes** | **No** |
|  | 18a | genital sores |  |  |
|  | 18b | genital/vaginal bleeding or blood-tinged discharge not related to your period/menses |  |  |
|  | 18c | genital/vaginal burning |  |  |
|  | 18d | genital/vaginal itching |  |  |
|  | 18e | genital/vaginal pain during sex |  |  |
|  | 18f | genital/vaginal pain not during sex |  |  |
|  | 18g | abnormal genital/vaginal discharge |  |  |
|  | 18h | unusual genital/vaginal odor |  |  |
|  | 18i | genital warts  |  |  |
|  | 18j | pelvic inflammatory disease  |  |  |
|  | 18k | abnormal pap smear  |  |  |
|  | 18j | urinary tract infection |  |  |