PTID:______________________ Staff Initials/Date:____________________

MTN-029 Baseline Medical History Questions Sheet

Complete this sheet at the Screening Visit, and update with any changes at the Enrollment Visit. Record on the Pre-existing Conditions CRF any relevant baseline conditions, including (but 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	Breast	☐	☐
4	Lymphatic	☐	☐
5	Cardiovascular	☐	☐
6	Respiratory	☐	☐
7	Renal (including urinary symptoms)	☐	☐
8	Gastrointestinal/Liver	☐	☐
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	Genital warts	☐	☐
19	Pelvic inflammatory disease	☐	☐
20	Abnormal Pap smear	☐	☐
21	Other infectious disease, specify:	☐	☐
22	Are you currently experiencing any of the following genital symptoms:	Yes	No
22a	genital sores?	☐	☐
22b	genital/vaginal burning?	☐	☐
22c	genital/vaginal itching?	☐	☐
22d	genital/vaginal pain during sex?	☐	☐
22e	Post-coital bleeding (bleeding after sex)?	☐	☐
22f	genital/vaginal pain not during sex?	☐	☐
22g	abnormal genital/vaginal discharge?	☐	☐
22h	unusual genital/vaginal odor?	☐	☐
22i	dysuria?	☐	☐

PTID:______________________

23 How many times have you been pregnant? _______

23a Number of full-term live births (≥ 37 weeks): _______

23b Number of premature live births (<37 weeks): _______

23c Number of spontaneous fetal deaths and/or still births (≥20 weeks): _______

23d Number of spontaneous abortions (<20 weeks): _______

23e Number of therapeutic/elective abortions: _______

24 For how many months did you breastfeed each child?

24a First child: _________

24b Second child: _________

24c Third child: _________

24d Fourth child: _________

24e Fifth child: _________

24f Sixth child: _________

24g Seventh child: _________

24h Eighth child: _________

24i Ninth child: _________

24j Tenth child: _________

Transcribe item 23 and 24 responses onto the Pregnancy and Lactation History CRF.

25 What was the first and last day of your last menstrual period: ________________________

If the participant has resumed menses since delivery, transcribe the LMP dates onto the Baseline Menstrual History CRF.

For purposes of scheduling the Enrollment Visit (if otherwise eligible), discuss when the participant anticipates her next menses to start/end, as applicable. Note that Enrollment through Day 16 visits should not coincide with menses.