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

**MTN-020 Baseline Medical History Questions Sheet** Page 1 of 1

Complete at the Screening Visit. Record relevant baseline conditions on the Pre-existing Conditions CRF. Relevant conditions include (but is 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 |  |  |