**MTN-024/IPM 031 Baseline Medical History Questions Sheet**

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 acute conditions currently experienced by the participant.

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|  | |  | |  |  |
| Have you ever experienced any significant medical problems involving the following organ system/disease? | | | | **Yes** | **No** |
| 1 | HE (head/eyes) | | |  |  |
| 2 | ENT (ears/nose/throat) | | |  |  |
| 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 |  |  |
|  | 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 |  |  |
| 19 | Have you had any surgeries, including a hysterectomy? | | |  |  |