|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | |  |  |
| 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 | Renal (including urinary symptoms) | |  |  |
| 7 | Gastrointestinal/Liver | |  |  |
| 8 | Musculoskeletal (including bone fractures) | |  |  |
| 9 | Neurologic | |  |  |
| 10 | Skin | |  |  |
| 11 | Endocrine/Metabolic | |  |  |
| 12 | Hematologic | |  |  |
| 13 | Cancer | |  |  |
| 14 | Drug Allergy | |  |  |
| 15 | Other Allergy | |  |  |
| 16 | Mental Illness | |  |  |
| 17 | Genital warts | |  |  |
| 18 | Pelvic inflammatory disease | |  |  |
| 19 | Abnormal pap smear | |  |  |
| 20 | Chronic and/or recurrent candidiasis (≥4 symptomatic episodes in past year) | |  |  |
| 21 | In the past 6 months have you experienced any of the following genital symptoms? | | **Yes** | **No** |
|  | 21a | genital sores |  |  |
|  | 21b | genital/vaginal burning |  |  |
|  | 21c | genital/vaginal itching |  |  |
|  | 21d | genital/vaginal pain during sex |  |  |
|  | 21e | Post-coital bleeding (bleeding after sex) |  |  |
|  | 21f | genital/vaginal pain not during sex |  |  |
|  | 21g | abnormal genital/vaginal discharge |  |  |
|  | 21h | unusual genital/vaginal odor |  |  |
|  | 21i | dysuria |  |  |
| 22 | Have you been amenorrheic for the past 6 months (amenorrhea)? | |  |  |
| 23 | Do you currently (e.g. within the last 3 months) experience spotting/bleeding between menses or frequent bleeding (metrorrhagia)? | |  |  |
| 24 | Do you currently (e.g. within the last 3 months) experience prolonged and/or heavy menstrual bleeding (menorrhagia)? | |  |  |
| 25 | Do you typically experience any premenstrual symptoms? | |  |  |
| 26 | What was the first and last day of your last menstrual period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *For the purposes of scheduling enrollment visit (if otherwise eligible), discuss when the participant anticipates her next menses to start/end, as applicable. Note that enrollment through Day 7 visits should not coincide with menses.* | |  |  |