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| **Part I: General Medical History** | | | | |
| Ask participant the following questions. If response is **YES**, indicate the associated body system number from Part II where the description can be found and describe in Part II. If response is **NO,** the remainder of this form should still be completed. | | | | |
|  | | **No** | **Yes 🡪** (associated body system) | **Comments** |
| 1 | Does the participant have any health problems? |  | **🡪** ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 2 | Has the participant ever been hospitalized for any reason other than giving birth? |  | **🡪** ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 3 | Has the participant ever had surgery, including a hysterectomy? |  | **🡪** ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 4 | In the past year, has the participant been to the emergency room? |  | **🡪** ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 5 | Has the participant had any medical or health problems in the past year? |  | **🡪** ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **Part II: Body System Medical History** | | | | | | | | | |
| Ask if the participant ever experienced any significant medical problems involving the following organ/systems. If response is YES, include onset and outcome dates (if not resolved at baseline, mark “ongoing”), severity grade, medications taken, and any comments relevant to the diagnosis/description, and document on the Medical History Log CRF. | | | | | | | | | |
| **#** | **Body System** | **No** | **Yes** | **Onset Date** | **Outcome Date** | **Severity Grade** | **Med. Taken?** | **Description/Comments** |
| 1 | Head, eyes, ears, nose, or throat (HEENT) |  |  |  | ongoing |  |  |  |
| 2 | Prostate |  |  |  | ongoing |  |  |  |
| 3 | Lymphatic (processes involving lymph nodes) |  |  |  | ongoing |  |  |  |
| 4 | Cardiovascular (heart) |  |  |  | ongoing |  |  |  |
| **Part II: Body System Medical History** | | | | | | | | | |
| Ask if the participant ever experienced any significant medical problems involving the following organ/systems. If response is **YES**, include onset and outcome (if resolved) dates, severity grade, medications taken, and any comments relevant to the diagnosis/description. | | | | | | | | | |
| **#** | **Body System** | **No** | **Yes** | **Onset Date** | **Outcome Date** | **Severity Grade** | **Med. Taken?** | **Description/Comments** |
| 5 | Respiratory (lungs) |  |  |  | ongoing |  |  |  |
| 6 | Liver |  |  |  | ongoing |  |  |  |
| 7 | Renal (bladder, kidney) |  |  |  | ongoing |  |  |  |
| 8 | Gastrointestinal |  |  |  | ongoing |  |  |  |
| 8 | Musculoskeletal (including bone fractures) |  |  |  | ongoing |  |  |  |
| 9 | Neurologic |  |  |  | ongoing |  |  |  |
| 10 | Skin |  |  |  | ongoing |  |  |  |
| 11 | Endocrine (hormones)/Metabolic |  |  |  | ongoing |  |  |  |
| 12 | Hematologic |  |  |  | ongoing |  |  |  |
| 13 | Cancer |  |  |  | ongoing |  |  |  |
| 14 | Alcohol / Recreational Drug Use |  |  |  | ongoing |  |  |  |
| 15 | STI/RTI (HPV, HSV, GC/CT, Syphilis, Trichomoniasis, Candidiasis, PID) |  |  |  | ongoing |  |  |  |
| 16 | OB/GYN (genital bleeding not associated with menses or childbirth, uterine fibroids, abnormal PAP, genital infection, hysterectomy) |  |  |  | ongoing |  |  |  |
| 17 | Are there any other health issues? |  |  |  | ongoing |  |  |  |
| **Part II: Body System Medical History** | | | | | | | | | |
| Ask if the participant ever experienced any significant medical problems involving the following organ/systems. If response is **YES**, include onset and outcome (if resolved) dates, severity grade, medications taken, and any comments relevant to the diagnosis/description. | | | | | | | | | |
| **#** | **Body System** | **No** | **Yes** | **Onset Date** | **Outcome Date** | **Severity Grade** | **Med. Taken?** | **Description/Comments** |
| 14 | Drug Allergy |  |  |  | ongoing |  |  |  |
| 15 | Other Allergy |  |  |  | ongoing |  |  |  |
| 16 | Mental Illness |  |  |  | ongoing |  |  |  |
| 17 | Ulcerative Colitis or Crohns Disease |  |  |  | ongoing |  |  |  |

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| **Part III: Genital Symptoms** | | | | | | | | | |
| Have you ever experienced or are currently experiencing any anogenital symptoms/diagnoses? | | | | | | | | | |
| **#** | **Genital Symptoms** | **No** | **Yes** | **Onset Date** | **Outcome Date** | **Severity Grade** | **Med. Taken?** | **Description/Comments** |
| 1 | Anal or genital sores or ulcers |  |  |  | ongoing |  |  |  |
| 2 | Dysuria or urethral burning |  |  |  | ongoing |  |  |  |
| 3 | Anal pain |  |  |  | ongoing |  |  |  |
| 4 | Anorectal Bleeding |  |  |  | ongoing |  |  |  |
| **Part III: Genital Symptoms/Diagnoses** | | | | | | | | | |
| Have you ever experienced or are currently experiencing any anogenital symptoms/diagnoses? | | | | | | | | | |
| **#** | **Genital Symptoms** | **No** | **Yes** | **Onset Date** | **Outcome Date** | **Severity Grade** | **Med. Taken?** | **Description/Comments** |
| 5 | Anal or rectal abscesses |  |  |  | ongoing |  |  |  |
| 6 | Urethral or anal discharge |  |  |  | ongoing |  |  |  |
| 7 | Anal or genital warts |  |  |  | ongoing |  |  |  |
| 8 | Anal fissures |  |  |  | ongoing |  |  |  |
| 9 | Hemorrhoids |  |  |  | ongoing |  |  |  |
| 10 | Urinary tract infection |  |  |  | ongoing |  |  |  |
| 11 | Excessive anal itching |  |  |  | ongoing |  |  |  |
| 12 | Excessive flatulence |  |  |  | ongoing |  |  |  |

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| **Part III: Genital Symptoms: Females Only** | | | | | | | | | |
| Have you ever experienced any significant medical problems involving the following organ system/disease? | | | | | | | | | |
| **#** | **Body System** | **No** | **Yes** | **Onset Date** | **Outcome Date** | **Severity Grade** | **Med. Taken?** | **Description/Comments** |
|  | Genital/vaginal warts |  |  |  | ongoing |  |  |  |
|  | Pelvic inflammatory disease |  |  |  | ongoing |  |  |  |
|  | Abnormal pap smear |  |  |  | ongoing |  |  |  |
| In the past 3 months have you experienced any of the following genital symptoms? | | | | | | | | | |
|  | Genital/vaginal burning |  |  |  | ongoing |  |  |  |
|  | Genital sores |  |  |  | ongoing |  |  |  |
|  | Genital/vaginal itching |  |  |  | ongoing |  |  |  |
|  | Genital/vaginal pain during sex |  |  |  | ongoing |  |  |  |
|  | Post-coital bleeding  (bleeding after sex) |  |  |  | ongoing |  |  |  |
|  | Genital/vaginal pain not during sex |  |  |  | ongoing |  |  |  |
|  | Abnormal genital/vaginal discharge |  |  |  | ongoing |  |  |  |
|  | Unusual genital/vaginal  odor |  |  |  | ongoing |  |  |  |
|  | Dysuria (burning with urination) |  |  |  | ongoing |  |  |  |