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

**MTN-023/IPM 030 Baseline Medical History Questions Sheet**Not a DataFax form. Do not fax to DataFax.

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 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 | |  | |  | |