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

 **MTN-017 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 | Prostate |  |  |
| 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 or are currently experiencing any of the following anogenital symptoms/diagnoses? | **Yes** | **No** |
|  | 18a | Anal or genital sores or ulcers |  |  |
|  | 18b | Urethral discharge |  |  |
|  | 18c | Dysuria or urethral burning |  |  |
|  | 18f | Anal pain |  |  |
|  | 18g | Anorectal Bleeding |  |  |
|  | 18h | Anal or rectal abscesses |  |  |
|  | 18i | Anal discharge |  |  |
|  | 18j | Anal or genital warts  |  |  |
|  | 18k | Anal fissures  |  |  |
|  | 18l | Hemorrhoids  |  |  |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 18k | Hemorrhoids  |  |  |
|  | 18j | Urinary tract infection |  |  |

 | 18m | Urinary tract infection |  |  |
|  | 18n | Excessive anal itching  |  |  |
|  | 18o | Excessive flatulence  |  |  |