|  |
| --- |
| **Instructions:** Assess the participant’s baseline medical history using this guide. If the participant has any condition that is grade 1 or higher, or if determined relevant by the clinician, document on the **Baseline Medical History Log CRF** including the description, onset/outcome date(s), and severity grade. Add any associated medications the participant is currently taking on the **Concomitant Medications Log CRF.** |
| **General Medical History** |
| * Does the participant have any health problems? * Has the participant ever been hospitalized for any reason other than giving birth? * Has the participant ever had surgery, including a hysterectomy? * In the past year, has the participant been to the emergency room? * Has the participant had any medical or health problems in the past year? |
|
|
|
|

|  |  |
| --- | --- |
| **Body System Medical History** | |
| Assess any significant medical problems involving the following organ/systems. | |
| * Head, Eyes, Ears, Nose and Throat (HEENT) * Gastrointestinal (GI) * Lymphatic * Cardiovascular * Liver * Respiratory * Renal * Musculoskeletal * OB/GYN (genital bleeding not associated with menses or childbirth, uterine fibroids, abnormal PAP, genital infection, hysterectomy e.g. uterus, at least one ovary) | * Skin * Neurologic * Endocrine/Metabolic * Hematologic * Cancer * Allergies * Mental Illness * Alcohol / Recreational Drug Use * STI/RTI (HPV, HSV, GC/CT, Syphilis, Trichomoniasis, Candidiasis, PID) * Any other health issues |

|  |  |
| --- | --- |
| **Genital Symptoms** | |
| Assess any genital symptoms in the last 6 months | |
| * Genital/vaginal burning * Genital sores * Genital/vaginal itching * Genital/vaginal pain during sex * Post-coital bleeding (bleeding after sex) | * Genital/vaginal pain not during sex * Abnormal genital/vaginal discharge * Unusual genital/vaginal odor * Dysuria |