|  |
| --- |
| **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, including history of cancer?
* Has the participant ever been hospitalized for any reason other than giving birth?
* Has the participant ever had surgery?
* 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 previous or current significant medical problems involving the following organ/systems. |
| * Head, Eyes, Ears, Nose and Throat (HEENT)
* Renal (including urinary symptoms)
* Neurologic
* Anorectal
* Lymphatic
* Endocrine/Metabolic
* Dermatologic
* Dental
* Cardiovascular
* Hematologic
* Liver
 | * Gynecologic
* Respiratory
* Drug Allergies
* Other Allergies (i.e. seasonal)
* Musculoskeletal
* Mental health
* Prostate
* Gastrointestinal (GI) – including any history of irritable or inflammatory bowel disorders
* Alcohol/Tobacco/Recreational Drug Use
* STI/RTI (HSV, GC/CT, Syphilis, Candidiasis, BV, chancroid)
* Any other health issues
 |

|  |
| --- |
| **Anogenital Symptoms/Diagnoses** |
| Assess any previous or current experience of any anogenital symptoms/diagnoses. |
| * Anal or genital sores or ulcers
* Dysuria or urethral burning
* Anal pain
* Anorectal Bleeding
* Anal or rectal abscesses
* Urethral or anal discharge
 | * Anal or genital warts
* Anal fissures
* Hemorrhoids
* Symptoms of a urinary tract infection (urgency, frequency, dysuria)
* Excessive anal itching
* Excessive flatulence
 |

|  |
| --- |
| **FEMALE ONLY – Genital Symptoms/Diagnoses** [ ]  **N/A** |
| Assess experiences of any significant medical problems involving the following organ system/disease. |
| * Pelvic inflammatory disease
* Genital/vaginal warts
* Abnormal pap smear
 |
| In the past 3 months ask if the participant has experienced any of the following genital symptoms. |  |  |
| * Genital/vaginal burning
 | * Genital/vaginal pain not during sex
 |
| * Genital/vaginal itching
 | * Abnormal genital/vaginal discharge
 |
| * Genital/vaginal pain during sex
 | * Unusual genital/vaginal odor
 |
| * Post-coital bleeding (bleeding after sex)
 |  |
|  |  |