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| **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? |

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| **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 |

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| **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 |

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| **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) |  | | |
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