PTID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MATRIX-002 Baseline Medical History Review Guide**

INSTRUCTIONS: Complete at the Screening Visit. Record and detail relevant baseline conditions on the Pre-existing Conditions LOG and narrative notes, as applicable. 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 or symptoms currently experienced by the participant. Include any medications on the CONCOMITANT MEDICATION LOG.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | |  |  |
| Have you ever experienced any significant medical problems involving the following organ systems/diseases? Clinician to provide examples to participant in lay language during review of each system, for instance “have you had any problems with your lungs, like asthma or pneumonia” | | | **Yes** | **No** |
| 1 | Head, eyes, ears, nose, or throat | |  |  |
| 2 | Gynecologic | |  |  |
| 3 | Cardiovascular | |  |  |
| 4 | Respiratory | |  |  |
| 5 | Liver | |  |  |
| 6 | Renal (including urinary symptoms) | |  |  |
| 7 | Gastrointestinal | |  |  |
| 8 | Musculoskeletal | |  |  |
| 9 | Neurologic | |  |  |
| 10 | Skin | |  |  |
| 11 | Endocrine/Metabolic | |  |  |
| 12 | Hematologic | |  |  |
| 13 | Cancer | |  |  |
| 14 | Drug Allergy | |  |  |
| 15 | Other Allergy | |  |  |
| 16 | Mental Illness | |  |  |
| 17 | Have you experienced any of the following urogenital symptoms in the last month? | | **Yes** | **No** |
|  | 17a | sores |  |  |
|  | 17b | bleeding not related to your period/menses |  |  |
|  | 17c | burning |  |  |
|  | 17d | itching/irritation |  |  |
|  | 17e | pain during sex |  |  |
|  | 17f | pain not during sex (i.e. pelvic pain, cramping not related to menses) |  |  |
|  | 17g | abnormal genital/vaginal discharge or abnormal odor |  |  |
|  | 17h | genital warts |  |  |
|  | 17i | urinary symptoms (i.e. burning, frequency, urgency, diagnosed UTI) |  |  |
|  | 17j | other: |  |  |

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_