

	Participant ID: _____	Pin # _____
	Discovery Site: _____	Clinical Center _____
	CRF Date: ____/____/____	Visit #: _____

COMPLEX MEDICAL SYMPTOMS INVENTORY

Current Vulvodynia Symptoms – Females Only

RESEARCH COORDINATOR ADMINISTERS TO PARTICIPANT AT BASELINE WEEK 4 AND MONTHS 6, 18, & 36 CLINIC CONTACTS, IF NEEDED.

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|--|---|--|
| 1. On the survey you indicated that you experience constant burning or raw feeling at the opening of the vagina – is this correct? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 2. Is your vaginal area tender to touch, or do you experience pain with tampon insertion and/or intercourse? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 3. Have these pain symptoms persisted for <u>3 months or more</u> ? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 4. Are you experiencing pain currently (<u>w/in the last week</u>)? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 5. On the survey you indicated that you experience itching at the opening of the vagina – is this correct? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 6. Could this pain be caused by a rash or lesion in the area? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 7. Is there a discharge, the onset of which can be associated with the onset of the pain or discomfort? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 8. Is this itching and discomfort relieved by the use of anti-candidal therapy (ie Monistat)? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |