MAPP research network	**Participant ID:** __ __ __ __ __ __	**Pin #** __ __ __ __
	Discovery Site: __ __	**Clinical Center** __ __
	CRF Date: __ __/__ __/__ __ __ __	**Visit #:** __ __

COMPLEX MEDICAL SYMPTOMS INVENTORY

Current Vulvodynia Symptoms – Females Only

Research Coordinator administers to Patient at Baseline Contact, *if needed.*

1.	On the survey you indicated that you experience constant burning or raw feeling at the opening of the vagina – is this correct?	❑$_1$ Yes	❑$_0$ No
2.	Is your vaginal area tender to touch, or do you experience pain with tampon insertion and/or intercourse*?*	❑$_1$ Yes	❑$_0$ No
3.	Have these pain symptoms persisted for 3 months or more?	❑$_1$ Yes	❑$_0$ No
4.	Are you experiencing pain currently (w/in the last week)?	❑$_1$ Yes	❑$_0$ No
5.	On the survey you indicated that you experience itching at the opening of the vagina – is this correct?	❑$_1$ Yes	❑$_0$ No
6.	Could this pain be caused by a rash or lesion in the area?	❑$_1$ Yes	❑$_0$ No
7.	Is there a discharge, the onset of which can be associated with the onset of the pain or discomfort?	❑$_1$ Yes	❑$_0$ No
8.	Is this itching and discomfort relieved by the use of anti-candidal therapy (ie Monistat)?	❑$_1$ Yes	❑$_0$ No

Vulvodynia diagnostic criteria

must answer yes to 1 and/or 2 and 3 and 4

Q.#1 = Yes	❑$_1$ Yes	❑$_0$ No
And/Or		
Q.#2 = Yes	❑$_1$ Yes	❑$_0$ No
and		
Q.#3 = Yes	❑$_1$ Yes	❑$_0$ No
and		
Q.#4 = Yes	❑$_1$ Yes	❑$_0$ No

must answer no to 6, 7 and 8 to be considered positive for VDYN symptoms for the purposes of this study

Q.#6 = No	❑$_1$ Yes	❑$_0$ No
Q.#7 = No	❑$_1$ Yes	❑$_0$ No
Q.#8 = No	❑$_1$ Yes	❑$_0$ No