

NIDA Clinical Trials Network

Medical History (MHT)

Web Version: 1.0; 1.00; 06-05-12

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment: (MHTASMDT)

(mm/dd/yyyy) [Click here for calendar](#)

Complete Medical and Surgical History Below. Indicate medical history for each condition listed below by completing the bubble next to the appropriate response ("Yes", "No", "Unknown"). If the response is "Yes" for any of the conditions specify the medical problem and indicate if the condition is present currently by completing the bubble in the present currently column.

Medical History

Condition	History of the Condition?	If "Yes", specify:	Condition Present Currently?	Condition Excludes Participant?
1. Asthma	(MTASMAHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTASMASP) <input type="text"/>	(MTASMAPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTASMAEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
2. Cardiovascular	(MTCARDHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTCARDSP) <input type="text"/>	(MTCARDPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTCARDEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
3. Dermatologic	(MTDERMHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTDERMSP) <input type="text"/>	(MTDERMPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTDERMEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
4. Drug Allergies	(MTDALGHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTDALGSP) <input type="text"/>	(MTDALGPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTDALGEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
5. Endocrine	(MTENDOHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTENDOSP) <input type="text"/>	(MTENDOPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTENDOEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
6. Gastrointestinal	(MTGIHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTGISP) <input type="text"/>	(MTGIPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTGIEEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
7. Genitourinary	(MTGENTHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTGENTSP) <input type="text"/>	(MTGENTPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTGENTEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
8. Head injury	(MTHEADHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTHEADSP) <input type="text"/>	(MTHEADPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTHEADEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
9. HEENT	(MTHENTHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTHENTSP) <input type="text"/>	(MTHENTPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTHENTEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
10. Hematologic	(MTHEMAHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTHEMASP) <input type="text"/>	(MTHEMAPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTHEMAEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Hepatic	(MTHEPTHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTHEPTSP) <input type="text"/>	(MTHEPTPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTHEPTEX) <input type="checkbox"/> No <input type="checkbox"/> Yes

12. Infectious Disease	(MTINFCHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTINFCSP) _____	(MTINFCPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTINFCX) <input type="checkbox"/> No <input type="checkbox"/> Yes
13. Metabolic	(MTMETAHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTMETASP) _____	(MTMETAPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTMETAEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
14. Musculoskeletal	(MTMUSCHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTMUSCSP) _____	(MTMUSCPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTMUSCEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
15. Other Allergies	(MTOALGHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTOALGSP) _____	(MTOALGPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTOALGEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
16. Pulmonary	(MTPULMHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTPULMSP) _____	(MTPULMPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTPULMEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
17. Renal	(MTRENLHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTRENLSP) _____	(MTRENLPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTRENLEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
18. Reproductive system	(MTREPOHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTREPOSP) _____	(MTREPOPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTREPOEX) <input type="checkbox"/> No <input type="checkbox"/> Yes

Medical History - other study eligibility criteria

19. Does the participant have AIDS according to the current CDC criteria for AIDS?(MTAIDS) No Yes
20. Does the participant have a known or suspected hypersensitivity to Buspirone?(MTBUSPSN) No Yes

Psychiatric/neurological History (Indicate History of Disorders Listed Below)

Condition	History of the Condition?	If "Yes", specify:	Condition Present Currently?	Condition Excludes Participant?
21. Anxiety or Panic Disorder	(MTANXTHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTANXTSP) _____	(MTANXTPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTANXTEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
22. Attention Deficit Hyperactivity Disorder	(MTADHDHX) <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTADHDSP) _____	(MTADHDPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTADHDEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
23. Bipolar Disorder	(MTBPLRHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTBPLRSP) _____	(MTBPLRPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTBPLREX) <input type="checkbox"/> No <input type="checkbox"/> Yes
24. Clinically Significant Neurological Damage	(MTNEURHX) <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTNEURSP) _____	(MTNEURPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTNEUREX) <input type="checkbox"/> No <input type="checkbox"/> Yes
25. Epilepsy or Seizure Disorder	(MTELPYHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTELPYSP) _____	(MTELPYPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTELPYEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
26. Major Depressive Disorder	(MTMDDHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTMDDSP) _____	(MTMDDPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTMDDX) <input type="checkbox"/> No <input type="checkbox"/> Yes
27. Schizophrenia	(MTSCHZHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTSCHZSP) _____	(MTSCHZPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTSCHZEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
28. Tourette's Syndrome	(MTTOURHX) <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTTOURSP) _____	(MTTOURPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTTOUREX) <input type="checkbox"/> No <input type="checkbox"/> Yes

29. Suicidal Ideation	(MTSIDTHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTSIDTSP) _____	(MTSIDTPC) <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Yes	(MTSIDTEX) <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Yes
30. Suicidal Behavior	(MTSBEHXX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTSBEHSP) _____	(MTSBEHPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTSBEHEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
31. Homicidal Ideation	(MTHIDTHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTHIDTSP) _____	(MTHIDTPC) <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Yes	(MTHIDTEX) <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Yes
32. Homicidal Behavior	(MTHBEHXX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTHBEHSP) _____	(MTHBEHPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTHBEHEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
33. Violent Behavior	(MTVBEHXX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTVBEHSP) _____	(MTVBEHPC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTVBEHEX) <input type="checkbox"/> No <input type="checkbox"/> Yes
34. Psychotic Episodes	(MTPYEPHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTPYEPSP) _____	(MTPYEPCC) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTPYEPEx) <input type="checkbox"/> No <input type="checkbox"/> Yes

Indicate other relevant medical history below. Complete data for condition, provide specific details in the specify section.

Condition	Specific Details	Condition Present Currently?	Condition Excludes Participant?
35. (MTOTH1CD) _____	(MTOTH1SP) _____	(MTOTH1CP) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTOTH1EX) <input type="checkbox"/> No <input type="checkbox"/> Yes
36. (MTOTH2CD) _____	(MTOTH2SP) _____	(MTOTH2CP) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTOTH2EX) <input type="checkbox"/> No <input type="checkbox"/> Yes
37. (MTOTH3CD) _____	(MTOTH3SP) _____	(MTOTH3CP) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTOTH3EX) <input type="checkbox"/> No <input type="checkbox"/> Yes

Surgical History

38. Has the subject had any major surgery? (MTSURGRY) No Yes Unknown

If the subject has had major surgery, provide surgery data below, including date of surgery (partial dates allowable). If the participant remembers only the year, then record "06" for the month and "15" for the day. If year is unknown, indicate by completing the check box in the right hand column.

Type of Surgery	Surgery Date (mm/dd/yyyy)	OR Date Unknown
39. (MTSG Y1SP) _____	(MTSGY1DT) _____ Click here for calendar	(MTSG Y1UK) <input type="checkbox"/>
40. (MTSG Y2SP) _____	(MTSGY2DT) _____ Click here for calendar	(MTSG Y2UK) <input type="checkbox"/>
41. (MTSG Y3SP) _____	(MTSGY3DT) _____ Click here for calendar	(MTSG Y3UK) <input type="checkbox"/>
42. (MTSG Y4SP) _____	(MTSGY4DT) _____ Click here for calendar	(MTSG Y4UK) <input type="checkbox"/>
43. (MTSG Y5SP) _____	(MTSGY5DT) _____ Click here for calendar	(MTSG Y5UK) <input type="checkbox"/>

Comments:(MHTCOMM)

