



Medical University of South Carolina
SCTR - Biomedical Informatics Center (BMIC)

SC2 Patient Needs Assessment Database

[Project Home](#) [Codebook](#)

Data Dictionary Codebook

06/01/2020 12:52pm

[^ Collapse all instruments](#)


#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)				
Instrument: Patient Contact Information (patient_contact_information) ^ Collapse							
1	subjectidnum	Subject Study ID#:	text				
2	master_id	Master ID:	text				
3	registry_id	Registry ID	text				
4	contact_date	Section Header: <i>Patient Contact Information</i> Initial Study Contact Date: <i>mm/dd/yy</i>	text (date_mdy), Identifier				
5	contact_type	Is the patient older or younger than 18 years old?	radio, Identifier <table border="1"> <tr> <td>1</td> <td>Younger than 18 years</td> </tr> <tr> <td>2</td> <td>Older than 18 years</td> </tr> </table> Custom alignment: RH	1	Younger than 18 years	2	Older than 18 years
1	Younger than 18 years						
2	Older than 18 years						
6	patient_first	Patient's first name:	text, Identifier				
7	patient_middle	Patient's middle name: <i>leave blank if none</i>	text, Identifier				
8	patient_last	Patient's last name:	text, Identifier				
9	caregiver_first Show the field ONLY if: [contact_type] = '1'	Parent / Caregiver first name:	text, Identifier				
10	caregiver_last Show the field ONLY if: [contact_type] = '1'	Parent / Caregiver last name:	text, Identifier				
11	current_street_number	Street number	text (number)				
12	current_street_name	Street name	text				
13	current_city	City	text				

14	current_state	State:	dropdown (autocomplete), Identifier																		
			<table border="1"><tr><td>1</td><td>Alabama</td></tr><tr><td>2</td><td>Alaska</td></tr><tr><td>3</td><td>Arizona</td></tr><tr><td>4</td><td>Arkansas</td></tr><tr><td>5</td><td>California</td></tr><tr><td>6</td><td>Colorado</td></tr><tr><td>7</td><td>Connecticut</td></tr><tr><td>8</td><td>Delaware</td></tr><tr><td>9</td><td>Florida</td></tr></table>	1	Alabama	2	Alaska	3	Arizona	4	Arkansas	5	California	6	Colorado	7	Connecticut	8	Delaware	9	Florida
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15	zip_code	Zip Code	text (number)																																																																																		
16	rural	Rural Designation: 1= rural Blank = not rural	text (number)																																																																																		

17	<p>current_county</p> <p>Show the field ONLY if: [current_state] = '40'</p>	<p>County:</p>	<p>dropdown (autocomplete), Identifier</p> <table border="1"> <tr><td>2</td><td>Abbeville</td></tr> <tr><td>3</td><td>Aiken</td></tr> <tr><td>4</td><td>Allendale</td></tr> <tr><td>5</td><td>Anderson</td></tr> <tr><td>6</td><td>Bamberg</td></tr> <tr><td>7</td><td>Barnwell</td></tr> <tr><td>8</td><td>Beaufort</td></tr> <tr><td>9</td><td>Berkeley</td></tr> <tr><td>10</td><td>Calhoun</td></tr> <tr><td>11</td><td>Charleston</td></tr> <tr><td>12</td><td>Cherokee</td></tr> <tr><td>13</td><td>Chester</td></tr> <tr><td>14</td><td>Chesterfield</td></tr> <tr><td>15</td><td>Clarendon</td></tr> <tr><td>16</td><td>Colleton</td></tr> <tr><td>17</td><td>Darlington</td></tr> <tr><td>18</td><td>Dillon</td></tr> <tr><td>19</td><td>Dorchester</td></tr> <tr><td>20</td><td>Edgefield</td></tr> <tr><td>21</td><td>Fairfield</td></tr> <tr><td>22</td><td>Florence</td></tr> <tr><td>23</td><td>Georgetown</td></tr> <tr><td>24</td><td>Greenville</td></tr> <tr><td>25</td><td>Greenwood</td></tr> <tr><td>26</td><td>Hampton</td></tr> <tr><td>27</td><td>Horry</td></tr> <tr><td>28</td><td>Jasper</td></tr> <tr><td>29</td><td>Kershaw</td></tr> <tr><td>30</td><td>Lancaster</td></tr> <tr><td>31</td><td>Laurens</td></tr> <tr><td>32</td><td>Lee</td></tr> <tr><td>33</td><td>Lexington</td></tr> <tr><td>34</td><td>Marion</td></tr> <tr><td>35</td><td>Marlboro</td></tr> <tr><td>36</td><td>McCormick</td></tr> <tr><td>37</td><td>Newberry</td></tr> <tr><td>38</td><td>Oconee</td></tr> <tr><td>39</td><td>Orangeburg</td></tr> <tr><td>40</td><td>Pickens</td></tr> <tr><td>41</td><td>Richland</td></tr> <tr><td>42</td><td>Saluda</td></tr> <tr><td>43</td><td>Spartanburg</td></tr> <tr><td>44</td><td>Sumter</td></tr> <tr><td>45</td><td>Union</td></tr> <tr><td>46</td><td>Williamsburg</td></tr> <tr><td>47</td><td>York</td></tr> </table>	2	Abbeville	3	Aiken	4	Allendale	5	Anderson	6	Bamberg	7	Barnwell	8	Beaufort	9	Berkeley	10	Calhoun	11	Charleston	12	Cherokee	13	Chester	14	Chesterfield	15	Clarendon	16	Colleton	17	Darlington	18	Dillon	19	Dorchester	20	Edgefield	21	Fairfield	22	Florence	23	Georgetown	24	Greenville	25	Greenwood	26	Hampton	27	Horry	28	Jasper	29	Kershaw	30	Lancaster	31	Laurens	32	Lee	33	Lexington	34	Marion	35	Marlboro	36	McCormick	37	Newberry	38	Oconee	39	Orangeburg	40	Pickens	41	Richland	42	Saluda	43	Spartanburg	44	Sumter	45	Union	46	Williamsburg	47	York
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18	sub_cphone	Cell phone #: xxx-xxx-xxxx	text (phone), Identifier																				
19	sub_hphone	Home phone #: xxx-xxx-xxxx	text (phone), Identifier																				
20	sub_email	Email address (if available):	text (email), Identifier																				
21	census	US Census designation: Am I Rural Look up Tool	dropdown <table border="1"> <tr><td>1</td><td>Rural</td></tr> <tr><td>2</td><td>Urbanized Area</td></tr> <tr><td>3</td><td>Urban Cluster</td></tr> </table>	1	Rural	2	Urbanized Area	3	Urban Cluster														
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2	Urbanized Area																						
3	Urban Cluster																						
22	patient_provider	Section Header: <i>Study Staff Section</i> Who is the patient's primary SCD provider?	radio <table border="1"> <tr><td>1</td><td>Dr. Julie Kanter</td></tr> <tr><td>2</td><td>Dr. Temeia Martin</td></tr> <tr><td>3</td><td>Dr. Shayla Bergman</td></tr> <tr><td>4</td><td>Dr. Sherron Jackson</td></tr> <tr><td>5</td><td>Dr. Carla Roberts</td></tr> <tr><td>6</td><td>Dr. Damon Daniels</td></tr> <tr><td>7</td><td>McLeod Oncology</td></tr> <tr><td>8</td><td>South Carolina Oncology Association</td></tr> <tr><td>9</td><td>Dr. Alan Anderson</td></tr> <tr><td>10</td><td>Other _____</td></tr> </table>	1	Dr. Julie Kanter	2	Dr. Temeia Martin	3	Dr. Shayla Bergman	4	Dr. Sherron Jackson	5	Dr. Carla Roberts	6	Dr. Damon Daniels	7	McLeod Oncology	8	South Carolina Oncology Association	9	Dr. Alan Anderson	10	Other _____
1	Dr. Julie Kanter																						
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6	Dr. Damon Daniels																						
7	McLeod Oncology																						
8	South Carolina Oncology Association																						
9	Dr. Alan Anderson																						
10	Other _____																						
23	patient_provider_oth Show the field ONLY if: [patient_provider] = '10'	If other SCD provider, please specify _____	text																				
24	contact_staff	Name of site personnel completing this form:	text, Identifier																				
25	patient_contact_information_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete														
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2	Complete																						
Instrument: SC2 Informed Consent (sc2_informed_consent)			^ Collapse																				
26	scinfcon_date	Section Header: <i>SC2 Informed Consent</i> Date of Informed Consent Meeting: mm/dd/yy	text (date_md), Identifier																				
27	infcon_irb	Was the latest IRB approved study Informed Consent reviewed with the participant?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	2	No																
1	Yes																						
2	No																						
28	infcon_opp_ask	Was the participant given the opportunity to ask questions about the study?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	2	No																
1	Yes																						
2	No																						
29	infcon_ques	Did the participant have any questions or concerns about the study?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	2	No																
1	Yes																						
2	No																						
30	infcon_questions Show the field ONLY if: [infcon_ques] = '1'	What questions and concerns, if any, were raised by the participant?	notes																				

31	infcon_resolv Show the field ONLY if: [infcon_ques] = '1'	Were these questions and concerns resolved at the time of the Informed Consent meeting?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	2	No								
1	Yes														
2	No														
32	infcon_resolv_plan Show the field ONLY if: [infcon_resolv] = '2'	If 'No', what plan is in place to resolve these issues?	notes												
33	infcon_understand	Did participant(s) appear to understand the Informed Consent Process as demonstrated through questioning about the Study Protocol? <i>If 'No', participant is Ineligible for Study, complete EOS Form.</i>	dropdown <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No								
1	Yes														
2	No														
34	infcon_outcome	Section Header: <i>Study Staff Section</i> What was the outcome of the Informed Consent meeting? <i>If 'participant refused', complete EOS Form.</i>	radio, Identifier <table border="1"> <tr><td>1</td><td>Participant Consented</td></tr> <tr><td>2</td><td>Participant Refused</td></tr> </table>	1	Participant Consented	2	Participant Refused								
1	Participant Consented														
2	Participant Refused														
35	refusal_reason Show the field ONLY if: [infcon_outcome] = '2'	What reason(s) was given for refusal of consent (if any)?	notes												
36	upload_ic	Scan and upload the participant's signed, dated and witnessed Informed Consent. <i>Scan all pages and upload</i>	file, Identifier												
37	upload_hipaa	Scan and upload the participant's initialed, signed and dated HIPAA. <i>Scan all pages and upload</i>	file, Identifier												
38	upload_assent Show the field ONLY if: [contact_type] = '1'	Scan and upload the Child Assent form. <i>Scan all pages and upload</i>	file, Identifier												
39	infcon_staff	Name of IRB approved Study Personnel performing Informed Consent:	text, Identifier												
40	infcon_notes	Additional comments:	notes												
41	sc2_informed_consent_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: SC2 Patient Needs Assessment Survey (sc2_patient_basic_survey)  Enabled as survey <a data-bbox="1364 1281 1461 1312" href="#">^ Collapse															
42	visit_date	Section Header: -- VISIT DATE -- Today's date: Please click the 'Today' button:	text (date_mdy) Custom alignment: RH												
43	scd_phenotype	Section Header: -- SICKLE CELL DISEASE PHENOTYPE -- Please tell us your Sickle Cell Disease Phenotype:	radio <table border="1"> <tr><td>1</td><td>SS Disease</td></tr> <tr><td>2</td><td>S Beta 0 Thalassemia</td></tr> <tr><td>3</td><td>SC Disease</td></tr> <tr><td>4</td><td>S Beta + Thalassemia</td></tr> <tr><td>999</td><td>Don't know</td></tr> <tr><td>5</td><td>Other Variant</td></tr> </table> Custom alignment: LV	1	SS Disease	2	S Beta 0 Thalassemia	3	SC Disease	4	S Beta + Thalassemia	999	Don't know	5	Other Variant
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2	S Beta 0 Thalassemia														
3	SC Disease														
4	S Beta + Thalassemia														
999	Don't know														
5	Other Variant														
44	scd_phenotype_other Show the field ONLY if: [scd_phenotype] = '5'	If 'Other' variant(s), please type the variant in the box:	text Custom alignment: RH												

45	freq_pain_ed	<p>Section Header: -- <i>FREQUENCY OF SICKLE CELL PAIN EPISODES (PhenX)-- PAINFUL EVENTS - Number of visits should include visits to BOTH your hospital AND outside hospitals.</i></p> <p>1. In the last 6 months, how many times did you visit an emergency room because of a sickle cell painful event?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 or more</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0830101</p>	0	0	1	1	2	2	3	3	4	4 or more
0	0												
1	1												
2	2												
3	3												
4	4 or more												
46	freq_pain_hosp	<p>2. In the last 12 months, how many times were you admitted to a hospital because of a sickle cell painful event?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 or more</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0830101</p>	0	0	1	1	2	2	3	3	4	4 or more
0	0												
1	1												
2	2												
3	3												
4	4 or more												
47	freq_pain_home	<p>3. In the last 6 months, have you had a pain episode severe enough to keep you from doing your usual daily activities, but without being seen by a doctor or a nurse?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes	2	No						
1	Yes												
2	No												
48	<p>freq_pain_home_epi</p> <p>Show the field ONLY if: [freq_pain_home] = '1'</p>	<p>Number of pain episodes in the last 6 months?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Less than 4</td></tr> <tr><td>2</td><td>At least 4</td></tr> </table> <p>Custom alignment: LV</p>	1	Less than 4	2	At least 4						
1	Less than 4												
2	At least 4												
49	<p>freq_pain_home_days</p> <p>Show the field ONLY if: [freq_pain_home] = '1'</p>	<p>How many days did you miss doing your usual activities due to pain in the last 6 months?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Less than 1 week</td></tr> <tr><td>2</td><td>At least 1 week</td></tr> </table> <p>Custom alignment: LV</p>	1	Less than 1 week	2	At least 1 week						
1	Less than 1 week												
2	At least 1 week												
50	pain_interference_1	<p>Section Header: -- <i>PAIN INTERFERENCE in the past 7 days -- (PROMIS 29)</i></p> <p>1. How much did pain interfere with your day to day activities?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all												
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3	Somewhat												
4	Quite a bit												
5	Very much												
51	pain_interference_2	<p>2. How much did pain interfere with work around the home?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all												
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3	Somewhat												
4	Quite a bit												
5	Very much												
52	pain_interference_3	<p>3. How much did pain interfere with your ability to participate in social activities?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
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2	A little bit												
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4	Quite a bit												
5	Very much												

53	pain_interference_4	4. How much did pain interfere with your household chores?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all												
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3	Somewhat												
4	Quite a bit												
5	Very much												
54	qualityofcareadults_doctor_appointment_past12months	Section Header: -- <i>QUALITY OF CARE FOR SICKLE CELL DISEASE (ASCQ-Me)</i> -- <i>Answer all the questions by checking the box that best matches your experiences or how you feel.</i> 1. In the past 12 months, did you try to make an appointment to see a doctor or nurse?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	2	No						
1	Yes												
2	No												
55	qualityofcareadults_frequency_get_appointment_past12months Show the field ONLY if: [qualityofcareadults_doctor_appointment_past12months]='1'	2. In the past 12 months, when you tried to make an appointment to see a doctor or nurse, how often were you able to get one as soon as you wanted?	radio <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Sometimes</td></tr> <tr><td>2</td><td>Usually</td></tr> <tr><td>3</td><td>Always</td></tr> </table> Custom alignment: LV Field Annotation: PX0820101	0	Never	1	Sometimes	2	Usually	3	Always		
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56	qualityofcareadults_satisfied_received_appointment_past12months Show the field ONLY if: [qualityofcareadults_doctor_appointment_past12months]='1'	3. In the past 12 months, how often were you satisfied with the care you received during these scheduled appointments?	radio <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Sometimes</td></tr> <tr><td>2</td><td>Usually</td></tr> <tr><td>3</td><td>Always</td></tr> </table> Custom alignment: LV Field Annotation: PX0820101	0	Never	1	Sometimes	2	Usually	3	Always		
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57	qualityofcareadults_doctor_nurse_usuallysee	4. Do you have a doctor or nurse who you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: LV Field Annotation: PX0820101	1	Yes	2	No						
1	Yes												
2	No												
58	qualityofcareadults_visits_doctor_nurse_usuallysee_past12months Show the field ONLY if: [qualityofcareadults_doctor_nurse_usuallysee]='1'	5. In the past 12 months, how many visits have you had with this doctor or nurse?	radio <table border="1"> <tr><td>0</td><td>0 visits</td></tr> <tr><td>1</td><td>1 visit</td></tr> <tr><td>2</td><td>2 visits</td></tr> <tr><td>3</td><td>3 visits</td></tr> <tr><td>4</td><td>4 or more visits</td></tr> </table> Custom alignment: LV Field Annotation: PX0820101	0	0 visits	1	1 visit	2	2 visits	3	3 visits	4	4 or more visits
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59	qualityofcareadults_explainthings_doctor_nurse_usuallysee_past12months Show the field ONLY if: [qualityofcareadults_doctor_nurse_usuallysee] = '1' and [qualityofcareadults_visits_doctor_nurse_usuallysee_past12months] <> '0'	6. In the past 12 months, how often did this doctor or nurse explain things in a way that is easy to understand?	radio <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Sometimes</td></tr> <tr><td>2</td><td>Usually</td></tr> <tr><td>3</td><td>Always</td></tr> </table> Custom alignment: LV Field Annotation: PX0820101	0	Never	1	Sometimes	2	Usually	3	Always		
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2	Usually												
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<p>60</p>	<p>qualityofcareadults_listencarefully_doctornurse_usuallysee_past12months</p> <p>Show the field ONLY if: [qualityofcareadults_doctornurse_usuallysee] = '1' and [qualityofcareadults_visits_doctornurse_usuallysee_past12months] <> '0'</p>	<p>7. In the past 12 months, how often did this doctor or nurse listen carefully to you?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Sometimes</td></tr> <tr><td>2</td><td>Usually</td></tr> <tr><td>3</td><td>Always</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	Never	1	Sometimes	2	Usually	3	Always		
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<p>61</p>	<p>qualityofcareadults_courtesyrespect_doctornurse_usuallysee_past12months</p> <p>Show the field ONLY if: [qualityofcareadults_doctornurse_usuallysee] = '1' and [qualityofcareadults_visits_doctornurse_usuallysee_past12months] <> '0'</p>	<p>8. In the past 12 months, how often did this doctor or nurse treat you with courtesy and respect?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Sometimes</td></tr> <tr><td>2</td><td>Usually</td></tr> <tr><td>3</td><td>Always</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	Never	1	Sometimes	2	Usually	3	Always		
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<p>62</p>	<p>qualityofcareadults_enoughtime_doctornurse_usuallysee_past12months</p> <p>Show the field ONLY if: [qualityofcareadults_doctornurse_usuallysee] = '1' and [qualityofcareadults_visits_doctornurse_usuallysee_past12months] <> '0'</p>	<p>9. In the past 12 months, how often did this doctor or nurse spend enough time with you?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Sometimes</td></tr> <tr><td>2</td><td>Usually</td></tr> <tr><td>3</td><td>Always</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	Never	1	Sometimes	2	Usually	3	Always		
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<p>63</p>	<p>qualityofcareadults_satisfiedcare_doctornurse_usuallysee_past12months</p> <p>Show the field ONLY if: [qualityofcareadults_doctornurse_usuallysee] = '1' and [qualityofcareadults_visits_doctornurse_usuallysee_past12months] <> '0'</p>	<p>10. In the past 12 months, how often were you satisfied with the care you received from this doctor or nurse?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Sometimes</td></tr> <tr><td>2</td><td>Usually</td></tr> <tr><td>3</td><td>Always</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	Never	1	Sometimes	2	Usually	3	Always		
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<p>64</p>	<p>qualityofcareadults_doctornurse_usuallysee_knowaffects_personally</p> <p>Show the field ONLY if: [qualityofcareadults_doctornurse_usuallysee] = '1' and [qualityofcareadults_visits_doctornurse_usuallysee_past12months] <> '0'</p>	<p>11. How much does this doctor or nurse know how sickle cell affects you personally?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>Nothing</td></tr> <tr><td>1</td><td>A little bit</td></tr> <tr><td>2</td><td>Some</td></tr> <tr><td>3</td><td>Quite a bit</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	Nothing	1	A little bit	2	Some	3	Quite a bit	4	Very much
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<p>65</p>	<p>qualityofcareadults_doctornurse_usuallysee_treatlot_patients</p> <p>Show the field ONLY if: [qualityofcareadults_doctornurse_usuallysee] = '1' and [qualityofcareadults_visits_doctornurse_usuallysee_past12months] <> '0'</p>	<p>12. Does this doctor or nurse treat a lot of patients with sickle cell disease?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	1	Yes	2	No						
1	Yes												
2	No												
<p>66</p>	<p>qualityofcareadults_emergencyroom_rightaway_past12months</p>	<p>13. In the past 12 months, did you go to an emergency room for any sickle cell care you needed right away?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	1	Yes	2	No						
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2	No												

67	<p>q14a</p> <p>Show the field ONLY if: [qualityofcareadults_emergencyroom_rightaway_past12months] = '1'</p>	<p>Which ER was this?</p>	<p>radio</p> <table border="1" data-bbox="1024 161 1359 814"> <tr><td>1</td><td>MUSC</td></tr> <tr><td>2</td><td>Beaufort</td></tr> <tr><td>3</td><td>Colleton</td></tr> <tr><td>4</td><td>Conway</td></tr> <tr><td>5</td><td>Grand Strand</td></tr> <tr><td>6</td><td>Lexington</td></tr> <tr><td>7</td><td>McCleod</td></tr> <tr><td>8</td><td>Orangeburg</td></tr> <tr><td>9</td><td>Palmetto Health Baptist</td></tr> <tr><td>10</td><td>Palmetto Health Park Ridge</td></tr> <tr><td>11</td><td>Palmetto Health Richland</td></tr> <tr><td>12</td><td>Providence</td></tr> <tr><td>13</td><td>Tidelands/Georgetown</td></tr> <tr><td>14</td><td>Tidelands/Waccamaw</td></tr> <tr><td>15</td><td>Tuomey Regional Medical Center</td></tr> <tr><td>999</td><td>Don't know</td></tr> <tr><td>16</td><td>Other _____</td></tr> </table> <p>Custom alignment: LV</p>	1	MUSC	2	Beaufort	3	Colleton	4	Conway	5	Grand Strand	6	Lexington	7	McCleod	8	Orangeburg	9	Palmetto Health Baptist	10	Palmetto Health Park Ridge	11	Palmetto Health Richland	12	Providence	13	Tidelands/Georgetown	14	Tidelands/Waccamaw	15	Tuomey Regional Medical Center	999	Don't know	16	Other _____
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68	<p>q14b</p> <p>Show the field ONLY if: [q14a] = '16'</p>	<p>If "Other" ER, please specify:</p>	<p>text</p> <p>Custom alignment: RH</p>																																		
69	<p>qualityofcareadults_emergencyroom_oftcare_soonwanted_past12months</p> <p>Show the field ONLY if: [qualityofcareadults_emergencyroom_rightaway_past12months] = '1'</p>	<p>14. In the past 12 months, when you went to the emergency room for this care, how often did you get it as soon as you wanted?</p>	<p>radio</p> <table border="1" data-bbox="1024 1008 1159 1161"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Sometimes</td></tr> <tr><td>2</td><td>Usually</td></tr> <tr><td>3</td><td>Always</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	Never	1	Sometimes	2	Usually	3	Always																										
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70	<p>qualityofcareadults_emergencyroom_oftendoctors_care_past12months</p> <p>Show the field ONLY if: [qualityofcareadults_emergencyroom_rightaway_past12months] = '1'</p>	<p>15. In the past 12 months, when you went to the emergency room for this care, how often did the DOCTORS treating you seem to really care about you?</p>	<p>radio</p> <table border="1" data-bbox="1024 1276 1159 1430"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Sometimes</td></tr> <tr><td>2</td><td>Usually</td></tr> <tr><td>3</td><td>Always</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	Never	1	Sometimes	2	Usually	3	Always																										
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71	<p>qualityofcareadults_emergencyroom_oftenurses_care_past12months</p> <p>Show the field ONLY if: [qualityofcareadults_emergencyroom_rightaway_past12months] = '1'</p>	<p>16. In the past 12 months, when you went to the emergency room for this care, how often did the NURSES treating you seem to really care about you?</p>	<p>radio</p> <table border="1" data-bbox="1024 1549 1159 1703"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Sometimes</td></tr> <tr><td>2</td><td>Usually</td></tr> <tr><td>3</td><td>Always</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	Never	1	Sometimes	2	Usually	3	Always																										
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72	<p>qualityofcareadults_emergencyroom_clerksreceptionists_courtesyrespect_past12months</p> <p>Show the field ONLY if: [qualityofcareadults_emergencyroom_rightaway_past12months] = '1'</p>	<p>17. In the past 12 months, when you went to the emergency room for this care, how often did the clerks and receptionists treat you with courtesy and respect?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Sometimes</td></tr> <tr><td>2</td><td>Usually</td></tr> <tr><td>3</td><td>Always</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	Never	1	Sometimes	2	Usually	3	Always				
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73	<p>qualityofcareadults_emergencyroom_ofsatisfied_care_past12months</p> <p>Show the field ONLY if: [qualityofcareadults_emergencyroom_rightaway_past12months] = '1'</p>	<p>18. In the past 12 months, when you went to the emergency room for this care, how often were you satisfied with the care you received?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Sometimes</td></tr> <tr><td>2</td><td>Usually</td></tr> <tr><td>3</td><td>Always</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	Never	1	Sometimes	2	Usually	3	Always				
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2	Usually														
3	Always														
74	<p>qualityofcareadults_painattack_crisis_manage_home_past12months</p>	<p>19. In the past 12 months, how many times did you manage a pain attack (crisis) at home without going to a doctor, clinic, or hospital?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>I did not have a pain attack (crisis) in the past 12 months</td></tr> <tr><td>1</td><td>0 times</td></tr> <tr><td>2</td><td>1 time</td></tr> <tr><td>3</td><td>2 times</td></tr> <tr><td>4</td><td>3 times</td></tr> <tr><td>5</td><td>4 or more times</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	I did not have a pain attack (crisis) in the past 12 months	1	0 times	2	1 time	3	2 times	4	3 times	5	4 or more times
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75	<p>qualityofcareadults_emergencyroom_delayavoidcare_past12months</p> <p>Show the field ONLY if: [qualityofcareadults_painattack_crisis_manage_home_past12months] <>'0'</p>	<p>20. In the past 12 months, did you ever delay or avoid going to an emergency room when you thought you needed care?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes, I did not always go for care when I needed it</td></tr> <tr><td>2</td><td>No, I always went for care when I thought I needed it</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	1	Yes, I did not always go for care when I needed it	2	No, I always went for care when I thought I needed it								
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76	<p>qualityofcareadults_bad_experiences_emergencyroom</p> <p>Show the field ONLY if: [qualityofcareadults_emergencyroom_delayavoidcare_past12months] = "1"</p>	<p>21. How important were bad experiences in the emergency room in your decision to avoid going for care?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little bit</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Quite a bit</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	Not at all	1	A little bit	2	Somewhat	3	Quite a bit	4	Very much		
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77	<p>qualityofcareadults_health_insurance_avoid_care</p> <p>Show the field ONLY if: [qualityofcareadults_emergencyroom_delayavoidcare_past12months] = "1"</p>	<p>22. How important were health insurance issues in your decision to avoid going for care?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little bit</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Quite a bit</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	Not at all	1	A little bit	2	Somewhat	3	Quite a bit	4	Very much		
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<p>78</p>	<p>qualityofcareadults_emergencyroom_painattackcrisis_past12months</p> <p>Show the field ONLY if: [qualityofcareadults_painattackcrisis_manage_home_past12months] <>'0'</p>	<p>23. In the past 12 months, how many times did you go to the emergency room because of a pain attack (crisis)?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>0 visits</td></tr> <tr><td>1</td><td>1 visit</td></tr> <tr><td>2</td><td>2 visits</td></tr> <tr><td>3</td><td>3 visits</td></tr> <tr><td>4</td><td>4 or more visits</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	0 visits	1	1 visit	2	2 visits	3	3 visits	4	4 or more visits												
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<p>79</p>	<p>qualityofcareadults_emergencyroom_doctorsnurses_helpain_past12months</p> <p>Show the field ONLY if: [qualityofcareadults_emergencyroom_painattackcrisis_past12months] <>'0' and [qualityofcareadults_painattackcrisis_manage_home_past12months] <>'0'</p>	<p>24. In the past 12 months, how much were the emergency room doctors and nurses able to help your pain?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little bit</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Quite a bit</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	Not at all	1	A little bit	2	Somewhat	3	Quite a bit	4	Very much												
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<p>80</p>	<p>qualityofcareadults_emergencyroom_doctorsnurses_beliepepain_past12months</p> <p>Show the field ONLY if: [qualityofcareadults_emergencyroom_painattackcrisis_past12months] <>'0' and [qualityofcareadults_painattackcrisis_manage_home_past12months] <>'0'</p>	<p>25. In the past 12 months, how much did the emergency room doctors and nurses believe that you had very bad sickle cell pain?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little bit</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Quite a bit</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	Not at all	1	A little bit	2	Somewhat	3	Quite a bit	4	Very much												
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<p>81</p>	<p>qualityofcareadults_emergencyroom_wait_paintreated_past12months</p> <p>Show the field ONLY if: [qualityofcareadults_emergencyroom_painattackcrisis_past12months] <>'0' and [qualityofcareadults_painattackcrisis_manage_home_past12months] <>'0'</p>	<p>26. In the past 12 months, what is the longest you had to wait in the emergency room before your sickle cell pain was treated?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>Less than 5 minutes</td></tr> <tr><td>1</td><td>5 to 15 minutes</td></tr> <tr><td>2</td><td>16 minutes to 1 hour</td></tr> <tr><td>3</td><td>More than 1 hour but less than 2 hours</td></tr> <tr><td>4</td><td>2 hours or more</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	Less than 5 minutes	1	5 to 15 minutes	2	16 minutes to 1 hour	3	More than 1 hour but less than 2 hours	4	2 hours or more												
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<p>82</p>	<p>qualityofcareadults_ratingcare_received_past12months</p>	<p>27. Using any number from 0 to 10 where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate all of the care you received for your health in the last 12 months?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>0 Worst care possible</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 Best care possible</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX0820101</p>	0	0 Worst care possible	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 Best care possible
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83	efficacy_1	<p>Section Header: -- SICKLE CELL DISEASE SELF-EFFICACY SCALE -- <i>The following questions ask about HOW SURE YOU ARE about dealing day-to-day with sickle cell disease (SCD). So for each question tell us HOW SURE YOU ARE by putting a check in the box that best tells us how you feel. There are no "right or wrong" answers, we just want to know what you think.</i></p> <p>1. How sure are you that you can do something to cut down on most of the pain you have when you have a pain episode?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Not sure</td></tr> <tr><td>3</td><td>Neither</td></tr> <tr><td>4</td><td>Sure</td></tr> <tr><td>5</td><td>Very Sure</td></tr> </table>	1	Not at all	2	Not sure	3	Neither	4	Sure	5	Very Sure
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84	efficacy_2	<p>2. How sure are you that you can keep doing most of the things you do day-to-day?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Not sure</td></tr> <tr><td>3</td><td>Neither</td></tr> <tr><td>4</td><td>Sure</td></tr> <tr><td>5</td><td>Very Sure</td></tr> </table>	1	Not at all	2	Not sure	3	Neither	4	Sure	5	Very Sure
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85	efficacy_3	<p>3. How sure are you that you can keep sickle cell disease pain from interfering with your sleep?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Not sure</td></tr> <tr><td>3</td><td>Neither</td></tr> <tr><td>4</td><td>Sure</td></tr> <tr><td>5</td><td>Very Sure</td></tr> </table>	1	Not at all	2	Not sure	3	Neither	4	Sure	5	Very Sure
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86	efficacy_4	<p>4. How sure are you that you can reduce your sickle cell disease pain by using methods other than taking extra medications?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Not sure</td></tr> <tr><td>3</td><td>Neither</td></tr> <tr><td>4</td><td>Sure</td></tr> <tr><td>5</td><td>Very Sure</td></tr> </table>	1	Not at all	2	Not sure	3	Neither	4	Sure	5	Very Sure
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87	efficacy_5	<p>5. How sure are you that you can control how often or when you get tired?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Not sure</td></tr> <tr><td>3</td><td>Neither</td></tr> <tr><td>4</td><td>Sure</td></tr> <tr><td>5</td><td>Very Sure</td></tr> </table>	1	Not at all	2	Not sure	3	Neither	4	Sure	5	Very Sure
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88	efficacy_6	<p>6. How sure are you that you can do something to help yourself feel better if you are feeling sad or blue?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Not sure</td></tr> <tr><td>3</td><td>Neither</td></tr> <tr><td>4</td><td>Sure</td></tr> <tr><td>5</td><td>Very Sure</td></tr> </table>	1	Not at all	2	Not sure	3	Neither	4	Sure	5	Very Sure
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89	efficacy_7	<p>7. As compared with other people with sickle cell disease, how sure are you that you can manage your life from day-to-day?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Not sure</td></tr> <tr><td>3</td><td>Neither</td></tr> <tr><td>4</td><td>Sure</td></tr> <tr><td>5</td><td>Very Sure</td></tr> </table>	1	Not at all	2	Not sure	3	Neither	4	Sure	5	Very Sure
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90	efficacy_8	8. How sure are you that you can manage your sickle cell disease symptoms so that you can do the things you enjoy doing?	radio (Matrix) <table border="1" data-bbox="1024 159 1146 352"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Not sure</td></tr> <tr><td>3</td><td>Neither</td></tr> <tr><td>4</td><td>Sure</td></tr> <tr><td>5</td><td>Very Sure</td></tr> </table>	1	Not at all	2	Not sure	3	Neither	4	Sure	5	Very Sure
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91	efficacy_9	9. How sure are you that you can deal with the frustration of having sickle cell disease?	radio (Matrix) <table border="1" data-bbox="1024 396 1146 590"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Not sure</td></tr> <tr><td>3</td><td>Neither</td></tr> <tr><td>4</td><td>Sure</td></tr> <tr><td>5</td><td>Very Sure</td></tr> </table>	1	Not at all	2	Not sure	3	Neither	4	Sure	5	Very Sure
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92	birthdate	Section Header: -- DEMOGRAPHICS SECTION -- Please tell us about yourself. --CURRENT AGE-- When were you born? Enter MMDDYYYY	text (date_mdy) Field Annotation: PX010101										
93	birthdate_coded Show the field ONLY if: [birthdate] = "		radio <table border="1" data-bbox="1024 795 1273 873"> <tr><td>999</td><td>Don't know</td></tr> <tr><td>77</td><td>Prefer Not to Respond</td></tr> </table> Custom alignment: LV Field Annotation: PX010101	999	Don't know	77	Prefer Not to Respond						
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94	<p>age</p> <p>Show the field ONLY if: [birthdate_coded] = '999'</p>	<p>About how old are you?</p> <p>Please use the arrow to select your age from the list</p>	<p>dropdown (autocomplete, Min: 0, Max: 110)</p> <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>21</td><td>21</td></tr> <tr><td>22</td><td>22</td></tr> <tr><td>23</td><td>23</td></tr> <tr><td>24</td><td>24</td></tr> <tr><td>25</td><td>25</td></tr> </table>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25
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95	<p>age_coded</p> <p>Show the field ONLY if: [birthdate_coded] = '9' and [age] >= 0 and [age] <= 110</p>		<p>radio</p> <table border="1"> <tr><td>999</td><td>Don't know</td></tr> <tr><td>77</td><td>Prefer Not to Respond</td></tr> </table> <p>Field Annotation: PX010101</p>	999	Don't know	77	Prefer Not to Respond																																																				
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96	gender	<p>Section Header: -- GENDER --</p> <p>Are you male or female?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> <tr><td>77</td><td>Prefer not to respond</td></tr> <tr><td>999</td><td>Don't know</td></tr> </table> <p>Custom alignment: LV</p> <p>Field Annotation: PX010701</p>	1	Male	2	Female	77	Prefer not to respond	999	Don't know																																																
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97	ptethnicity	<p>Section Header: -- RACE --</p> <p>What race or races do you consider yourself to be? Please check all that apply.</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>ptethnicity__1</td> <td>American Indian or Alaska Native</td> </tr> <tr> <td>2</td> <td>ptethnicity__2</td> <td>Asian</td> </tr> <tr> <td>3</td> <td>ptethnicity__3</td> <td>Native Hawaiian or Other Pacific Islander</td> </tr> <tr> <td>4</td> <td>ptethnicity__4</td> <td>Black or African American</td> </tr> <tr> <td>5</td> <td>ptethnicity__5</td> <td>White</td> </tr> <tr> <td>6</td> <td>ptethnicity__6</td> <td>Other Race</td> </tr> <tr> <td>777</td> <td>ptethnicity__777</td> <td>Prefer not to respond</td> </tr> <tr> <td>999</td> <td>ptethnicity__999</td> <td>Don't know</td> </tr> </table>	1	ptethnicity__1	American Indian or Alaska Native	2	ptethnicity__2	Asian	3	ptethnicity__3	Native Hawaiian or Other Pacific Islander	4	ptethnicity__4	Black or African American	5	ptethnicity__5	White	6	ptethnicity__6	Other Race	777	ptethnicity__777	Prefer not to respond	999	ptethnicity__999	Don't know									
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98	ethnicity_self_id	<p>Section Header: -- ETHNICITY --</p> <p>Do you consider yourself to be Hispanic, Latino, or of Spanish origin?</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>77</td> <td>Prefer not to respond</td> </tr> <tr> <td>999</td> <td>Don't know</td> </tr> </table> <p>Custom alignment: LV Field Annotation: PX010502</p>	1	Yes	2	No	77	Prefer not to respond	999	Don't know																									
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99	<p>ethnicity_self_id_ancestry</p> <p>Show the field ONLY if: [ethnicity_self_id] = '1'</p>	<p>Select the group(s) that represents your Hispanic origin or ancestry.</p> <p>Please check all that apply</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>ethnicity_self_id_ancestry__1</td> <td>Puerto Rican</td> </tr> <tr> <td>2</td> <td>ethnicity_self_id_ancestry__2</td> <td>Dominican (Republic)</td> </tr> <tr> <td>3</td> <td>ethnicity_self_id_ancestry__3</td> <td>Mexican/ Mexicano</td> </tr> <tr> <td>4</td> <td>ethnicity_self_id_ancestry__4</td> <td>Mexican American</td> </tr> <tr> <td>5</td> <td>ethnicity_self_id_ancestry__5</td> <td>Chicano</td> </tr> <tr> <td>6</td> <td>ethnicity_self_id_ancestry__6</td> <td>Cuban</td> </tr> <tr> <td>7</td> <td>ethnicity_self_id_ancestry__7</td> <td>Cuban American</td> </tr> <tr> <td>8</td> <td>ethnicity_self_id_ancestry__8</td> <td>Central or South American</td> </tr> <tr> <td>9</td> <td>ethnicity_self_id_ancestry__9</td> <td>Other Latin American</td> </tr> <tr> <td>10</td> <td>ethnicity_self_id_ancestry__10</td> <td>Other Hispanic</td> </tr> <tr> <td>999</td> <td>ethnicity_self_id_ancestry__999</td> <td>Don't know</td> </tr> </table> <p>Custom alignment: LV Field Annotation: PX010502</p>	1	ethnicity_self_id_ancestry__1	Puerto Rican	2	ethnicity_self_id_ancestry__2	Dominican (Republic)	3	ethnicity_self_id_ancestry__3	Mexican/ Mexicano	4	ethnicity_self_id_ancestry__4	Mexican American	5	ethnicity_self_id_ancestry__5	Chicano	6	ethnicity_self_id_ancestry__6	Cuban	7	ethnicity_self_id_ancestry__7	Cuban American	8	ethnicity_self_id_ancestry__8	Central or South American	9	ethnicity_self_id_ancestry__9	Other Latin American	10	ethnicity_self_id_ancestry__10	Other Hispanic	999	ethnicity_self_id_ancestry__999	Don't know
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100	self_edu_attainment	<p>Section Header: -- <i>CURRENT EDUCATION LEVEL</i> --</p> <p>What is the highest grade or level of school you have completed or the highest degree you have received?</p>	<table border="1"> <tr> <td colspan="2">radio</td> </tr> <tr><td>0</td><td>Never attended / Kindergarten only</td></tr> <tr><td>1</td><td>1st grade</td></tr> <tr><td>2</td><td>2nd grade</td></tr> <tr><td>3</td><td>3rd grade</td></tr> <tr><td>4</td><td>4th grade</td></tr> <tr><td>5</td><td>5th grade</td></tr> <tr><td>6</td><td>6th grade</td></tr> <tr><td>7</td><td>7th grade</td></tr> <tr><td>8</td><td>8th grade</td></tr> <tr><td>9</td><td>9th grade</td></tr> <tr><td>10</td><td>10th grade</td></tr> <tr><td>11</td><td>11th grade</td></tr> <tr><td>12</td><td>12th grade, No Diploma</td></tr> <tr><td>13</td><td>High School Graduate</td></tr> <tr><td>14</td><td>GED or equivalent</td></tr> <tr><td>15</td><td>Some college, no degree</td></tr> <tr><td>16</td><td>Associate degree: Occupation, Technical, or Vocational program</td></tr> <tr><td>17</td><td>Associate degree: Academic program</td></tr> <tr><td>18</td><td>Bachelor's degree (Ex. BA, AB, BS, BBA)</td></tr> <tr><td>19</td><td>Master's degree (Ex. MA, MS, MEng, MEd, MBA)</td></tr> <tr><td>20</td><td>Professional School Degree (Ex. MD, DDS, DVM, JD)</td></tr> <tr><td>21</td><td>Doctoral degree (Ex. PhD, EdD)</td></tr> <tr><td>777</td><td>Prefer not to respond</td></tr> <tr><td>999</td><td>Don't know</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX011001</p>	radio		0	Never attended / Kindergarten only	1	1st grade	2	2nd grade	3	3rd grade	4	4th grade	5	5th grade	6	6th grade	7	7th grade	8	8th grade	9	9th grade	10	10th grade	11	11th grade	12	12th grade, No Diploma	13	High School Graduate	14	GED or equivalent	15	Some college, no degree	16	Associate degree: Occupation, Technical, or Vocational program	17	Associate degree: Academic program	18	Bachelor's degree (Ex. BA, AB, BS, BBA)	19	Master's degree (Ex. MA, MS, MEng, MEd, MBA)	20	Professional School Degree (Ex. MD, DDS, DVM, JD)	21	Doctoral degree (Ex. PhD, EdD)	777	Prefer not to respond	999	Don't know
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101	household_edu_attainment	<p>What is the highest grade or level of school the head of your household has completed or the highest degree they have received?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>Never attended / Kindergarten only</td></tr> <tr><td>1</td><td>1st grade</td></tr> <tr><td>2</td><td>2nd grade</td></tr> <tr><td>3</td><td>3rd grade</td></tr> <tr><td>4</td><td>4th grade</td></tr> <tr><td>5</td><td>5th grade</td></tr> <tr><td>6</td><td>6th grade</td></tr> <tr><td>7</td><td>7th grade</td></tr> <tr><td>8</td><td>8th grade</td></tr> <tr><td>9</td><td>9th grade</td></tr> <tr><td>10</td><td>10th grade</td></tr> <tr><td>11</td><td>11th grade</td></tr> <tr><td>12</td><td>12th grade, No Diploma</td></tr> <tr><td>13</td><td>High School Graduate</td></tr> <tr><td>14</td><td>GED or equivalent</td></tr> <tr><td>15</td><td>Some college, no degree</td></tr> <tr><td>16</td><td>Associate degree: Occupation, Technical, or Vocational program</td></tr> <tr><td>17</td><td>Associate degree: Academic program</td></tr> <tr><td>18</td><td>Bachelor's degree (Ex. BA, AB, BS, BBA)</td></tr> <tr><td>19</td><td>Master's degree (Ex. MA, MS, MEng, MEd, MBA)</td></tr> <tr><td>20</td><td>Professional School Degree (Ex. MD, DDS, DVM, JD)</td></tr> <tr><td>21</td><td>Doctoral degree (Ex. PhD, EdD)</td></tr> <tr><td>777</td><td>Prefer not to respond</td></tr> <tr><td>999</td><td>Don't know</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX011001</p>	0	Never attended / Kindergarten only	1	1st grade	2	2nd grade	3	3rd grade	4	4th grade	5	5th grade	6	6th grade	7	7th grade	8	8th grade	9	9th grade	10	10th grade	11	11th grade	12	12th grade, No Diploma	13	High School Graduate	14	GED or equivalent	15	Some college, no degree	16	Associate degree: Occupation, Technical, or Vocational program	17	Associate degree: Academic program	18	Bachelor's degree (Ex. BA, AB, BS, BBA)	19	Master's degree (Ex. MA, MS, MEng, MEd, MBA)	20	Professional School Degree (Ex. MD, DDS, DVM, JD)	21	Doctoral degree (Ex. PhD, EdD)	777	Prefer not to respond	999	Don't know
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102	current_employment_status	<p>Section Header: -- CURRENT EMPLOYMENT STATUS --</p> <p>We would like to know about what you do for a living.</p> <p>Are you working now, looking for work, retired, keeping house, a student, or what?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Working now</td></tr> <tr><td>2</td><td>Only temporarily laid off, sick leave or maternity leave</td></tr> <tr><td>3</td><td>Looking for work, unemployed</td></tr> <tr><td>4</td><td>Retired</td></tr> <tr><td>5</td><td>Disabled, permanent or temporary</td></tr> <tr><td>6</td><td>Keeping house</td></tr> <tr><td>7</td><td>Student</td></tr> <tr><td>8</td><td>Other _____</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX011301</p>	1	Working now	2	Only temporarily laid off, sick leave or maternity leave	3	Looking for work, unemployed	4	Retired	5	Disabled, permanent or temporary	6	Keeping house	7	Student	8	Other _____																																
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103	<p>cur_employ_stat_other</p> <p>Show the field ONLY if: [current_employment_status] = '8'</p>	<p>Please type your 'Other employment' status in the box:</p>	<p>text</p> <p>Field Annotation: PX011301</p>																																																

104	marital_status	<p>Section Header: -- CURRENT MARITAL STATUS --</p> <p>Now we would like to ask about marital status and living together.</p> <p>What is your current marital or living together status?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Married</td></tr> <tr><td>2</td><td>Not married but living together</td></tr> <tr><td>3</td><td>Widowed</td></tr> <tr><td>4</td><td>Divorced or annulled</td></tr> <tr><td>5</td><td>Separated, not living together</td></tr> <tr><td>6</td><td>Never been married</td></tr> </table> <p>Custom alignment: LV Field Annotation: PX010902</p>	1	Married	2	Not married but living together	3	Widowed	4	Divorced or annulled	5	Separated, not living together	6	Never been married																		
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105	annual_income	<p>Section Header: -- ANNUAL HOUSEHOLD INCOME --</p> <p>Please pick the number showing your yearly income for your household.</p> <p>Please include all income sources:</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Less than \$5,000</td></tr> <tr><td>2</td><td>\$5,000-\$9,999</td></tr> <tr><td>3</td><td>\$10,000-\$14,999</td></tr> <tr><td>4</td><td>\$15,000-\$19,999</td></tr> <tr><td>5</td><td>\$20,000 to \$29,999</td></tr> <tr><td>6</td><td>\$30,000-\$39,999</td></tr> <tr><td>7</td><td>\$40,000-\$49,999</td></tr> <tr><td>8</td><td>\$50,000-\$59,999</td></tr> <tr><td>9</td><td>\$60,000 to \$79,999</td></tr> <tr><td>10</td><td>\$80,000-\$94,999</td></tr> <tr><td>11</td><td>\$95,000 and over</td></tr> </table> <p>Custom alignment: LV</p>	1	Less than \$5,000	2	\$5,000-\$9,999	3	\$10,000-\$14,999	4	\$15,000-\$19,999	5	\$20,000 to \$29,999	6	\$30,000-\$39,999	7	\$40,000-\$49,999	8	\$50,000-\$59,999	9	\$60,000 to \$79,999	10	\$80,000-\$94,999	11	\$95,000 and over								
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106	health_insurance	<p>Section Header: -- CURRENT HEALTH INSURANCE COVERAGE --</p> <p>What type of Health Insurance Coverage do you have?</p> <p>Please check all that apply</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>health_insurance__1</td><td>Private Health Insurance</td></tr> <tr><td>2</td><td>health_insurance__2</td><td>Medicare</td></tr> <tr><td>3</td><td>health_insurance__3</td><td>Medicaid</td></tr> <tr><td>4</td><td>health_insurance__4</td><td>SCHIP (CHIP/Children Health Insurance Program)</td></tr> <tr><td>5</td><td>health_insurance__5</td><td>Military Health Care (TRICARE/VA /CHAMP-VA)</td></tr> <tr><td>6</td><td>health_insurance__6</td><td>Indian Health Service</td></tr> <tr><td>7</td><td>health_insurance__7</td><td>State Sponsored Health Plan</td></tr> <tr><td>8</td><td>health_insurance__8</td><td>Other - Government program</td></tr> <tr><td>9</td><td>health_insurance__9</td><td>No Coverage of any type</td></tr> <tr><td>999</td><td>health_insurance__999</td><td>Don't know</td></tr> </table> <p>Custom alignment: LV</p>	1	health_insurance__1	Private Health Insurance	2	health_insurance__2	Medicare	3	health_insurance__3	Medicaid	4	health_insurance__4	SCHIP (CHIP/Children Health Insurance Program)	5	health_insurance__5	Military Health Care (TRICARE/VA /CHAMP-VA)	6	health_insurance__6	Indian Health Service	7	health_insurance__7	State Sponsored Health Plan	8	health_insurance__8	Other - Government program	9	health_insurance__9	No Coverage of any type	999	health_insurance__999	Don't know
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107	<p>medicaid_state</p> <p>Show the field ONLY if: [health_insurance(3)] = '1'</p>	<p>MEDICAID State</p> <p>Please use the arrow to select your state from the list</p>	<p>dropdown (autocomplete)</p> <table border="1"><tr><td>1</td><td>Alabama</td></tr><tr><td>2</td><td>Alaska</td></tr><tr><td>3</td><td>Arizona</td></tr><tr><td>4</td><td>Arkansas</td></tr><tr><td>5</td><td>California</td></tr></table>	1	Alabama	2	Alaska	3	Arizona	4	Arkansas	5	California
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			19	Maine
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			26	Montana
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			37	Oregon
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			39	Rhode Island
			40	South Carolina
			41	South Dakota
			42	Tennessee
			43	Texas
			44	Utah
			45	Vermont
			46	Virginia
			47	Washington
			48	West Virginia
			49	Wisconsin
			50	Wyoming

Custom alignment: RH

108	<p>state_plan</p> <p>Show the field ONLY if: [health_insurance(7)] = '1'</p>	<p>State of Sponsored Plan:</p> <p>Please use the arrow to select your state from the list</p>	<p>dropdown (autocomplete)</p> <table border="1"> <tr><td>1</td><td>Alabama</td></tr> <tr><td>2</td><td>Alaska</td></tr> <tr><td>3</td><td>Arizona</td></tr> <tr><td>4</td><td>Arkansas</td></tr> <tr><td>5</td><td>California</td></tr> <tr><td>6</td><td>Colorado</td></tr> <tr><td>7</td><td>Connecticut</td></tr> <tr><td>8</td><td>Delaware</td></tr> <tr><td>9</td><td>Florida</td></tr> <tr><td>10</td><td>Georgia</td></tr> <tr><td>11</td><td>Hawaii</td></tr> <tr><td>12</td><td>Idaho</td></tr> <tr><td>13</td><td>Illinois</td></tr> <tr><td>14</td><td>Indiana</td></tr> <tr><td>15</td><td>Iowa</td></tr> <tr><td>16</td><td>Kansas</td></tr> <tr><td>17</td><td>Kentucky</td></tr> <tr><td>18</td><td>Louisiana</td></tr> <tr><td>19</td><td>Maine</td></tr> <tr><td>20</td><td>Maryland</td></tr> <tr><td>21</td><td>Massachusetts</td></tr> <tr><td>22</td><td>Michigan</td></tr> <tr><td>23</td><td>Minnesota</td></tr> <tr><td>24</td><td>Mississippi</td></tr> <tr><td>25</td><td>Missouri</td></tr> <tr><td>26</td><td>Montana</td></tr> <tr><td>27</td><td>Nebraska</td></tr> <tr><td>28</td><td>Nevada</td></tr> <tr><td>29</td><td>New Hampshire</td></tr> <tr><td>30</td><td>New Jersey</td></tr> <tr><td>31</td><td>New Mexico</td></tr> <tr><td>32</td><td>New York</td></tr> <tr><td>33</td><td>North Carolina</td></tr> <tr><td>34</td><td>North Dakota</td></tr> <tr><td>35</td><td>Ohio</td></tr> <tr><td>36</td><td>Oklahoma</td></tr> <tr><td>37</td><td>Oregon</td></tr> <tr><td>38</td><td>Pennsylvania</td></tr> <tr><td>39</td><td>Rhode Island</td></tr> <tr><td>40</td><td>South Carolina</td></tr> <tr><td>41</td><td>South Dakota</td></tr> <tr><td>42</td><td>Tennessee</td></tr> <tr><td>43</td><td>Texas</td></tr> <tr><td>44</td><td>Utah</td></tr> <tr><td>45</td><td>Vermont</td></tr> <tr><td>46</td><td>Virginia</td></tr> <tr><td>47</td><td>Washington</td></tr> </table>	1	Alabama	2	Alaska	3	Arizona	4	Arkansas	5	California	6	Colorado	7	Connecticut	8	Delaware	9	Florida	10	Georgia	11	Hawaii	12	Idaho	13	Illinois	14	Indiana	15	Iowa	16	Kansas	17	Kentucky	18	Louisiana	19	Maine	20	Maryland	21	Massachusetts	22	Michigan	23	Minnesota	24	Mississippi	25	Missouri	26	Montana	27	Nebraska	28	Nevada	29	New Hampshire	30	New Jersey	31	New Mexico	32	New York	33	North Carolina	34	North Dakota	35	Ohio	36	Oklahoma	37	Oregon	38	Pennsylvania	39	Rhode Island	40	South Carolina	41	South Dakota	42	Tennessee	43	Texas	44	Utah	45	Vermont	46	Virginia	47	Washington
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109	<p>state_plan_name</p> <p>Show the field ONLY if: [health_insurance(7)] = '1'</p>	<p>State Plan name:</p> <p>Please type the name of your plan in the box</p>	<p>text</p> <p>Custom alignment: RH</p>																																																												
110	<p>language_to_provider</p>	<p>Section Header: -- LANGUAGE PREFERENCE --</p> <p>What language do you feel most comfortable speaking with your doctor or nurse?</p> <p>Use the arrow to select a language from the dropdown list</p>	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>English</td></tr> <tr><td>2</td><td>Spanish</td></tr> <tr><td>3</td><td>Arabic</td></tr> <tr><td>4</td><td>Bengali</td></tr> <tr><td>5</td><td>Burmese</td></tr> <tr><td>6</td><td>French</td></tr> <tr><td>7</td><td>German</td></tr> <tr><td>8</td><td>Gujarati</td></tr> <tr><td>9</td><td>Hindi</td></tr> <tr><td>10</td><td>Italian</td></tr> <tr><td>11</td><td>Japanese</td></tr> <tr><td>12</td><td>Javanese</td></tr> <tr><td>13</td><td>Kannada</td></tr> <tr><td>14</td><td>Korean</td></tr> <tr><td>17</td><td>Malayalam</td></tr> <tr><td>18</td><td>Mandarin Chinese</td></tr> <tr><td>19</td><td>Marathi</td></tr> <tr><td>20</td><td>Oriya</td></tr> <tr><td>21</td><td>Panjabi</td></tr> <tr><td>22</td><td>Persian</td></tr> <tr><td>23</td><td>Polish</td></tr> <tr><td>24</td><td>Portuguese</td></tr> <tr><td>25</td><td>Russian</td></tr> <tr><td>26</td><td>Tamil</td></tr> <tr><td>27</td><td>Telugu</td></tr> <tr><td>28</td><td>Thai</td></tr> <tr><td>29</td><td>Turkish</td></tr> <tr><td>30</td><td>Ukrainian</td></tr> <tr><td>31</td><td>Urdu</td></tr> <tr><td>32</td><td>Vietnamese</td></tr> </table>	1	English	2	Spanish	3	Arabic	4	Bengali	5	Burmese	6	French	7	German	8	Gujarati	9	Hindi	10	Italian	11	Japanese	12	Javanese	13	Kannada	14	Korean	17	Malayalam	18	Mandarin Chinese	19	Marathi	20	Oriya	21	Panjabi	22	Persian	23	Polish	24	Portuguese	25	Russian	26	Tamil	27	Telugu	28	Thai	29	Turkish	30	Ukrainian	31	Urdu	32	Vietnamese
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111	language_health_material	<p>In what language do you prefer to read health-related materials?</p> <p>Use the arrow to select a language from the dropdown list</p>	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>English</td></tr> <tr><td>2</td><td>Spanish</td></tr> <tr><td>3</td><td>Arabic</td></tr> <tr><td>4</td><td>Bengali</td></tr> <tr><td>5</td><td>Burmese</td></tr> <tr><td>6</td><td>French</td></tr> <tr><td>7</td><td>German</td></tr> <tr><td>8</td><td>Gujarati</td></tr> <tr><td>9</td><td>Hindi</td></tr> <tr><td>10</td><td>Italian</td></tr> <tr><td>11</td><td>Japanese</td></tr> <tr><td>12</td><td>Javanese</td></tr> <tr><td>13</td><td>Kannada</td></tr> <tr><td>14</td><td>Korean</td></tr> <tr><td>17</td><td>Malayalam</td></tr> <tr><td>18</td><td>Mandarin Chinese</td></tr> <tr><td>19</td><td>Marathi</td></tr> <tr><td>20</td><td>Oriya</td></tr> <tr><td>21</td><td>Panjabi</td></tr> <tr><td>22</td><td>Persian</td></tr> <tr><td>23</td><td>Polish</td></tr> <tr><td>24</td><td>Portuguese</td></tr> <tr><td>25</td><td>Russian</td></tr> <tr><td>26</td><td>Tamil</td></tr> <tr><td>27</td><td>Telugu</td></tr> <tr><td>28</td><td>Thai</td></tr> <tr><td>29</td><td>Turkish</td></tr> <tr><td>30</td><td>Ukrainian</td></tr> <tr><td>31</td><td>Urdu</td></tr> <tr><td>32</td><td>Vietnamese</td></tr> </table>	1	English	2	Spanish	3	Arabic	4	Bengali	5	Burmese	6	French	7	German	8	Gujarati	9	Hindi	10	Italian	11	Japanese	12	Javanese	13	Kannada	14	Korean	17	Malayalam	18	Mandarin Chinese	19	Marathi	20	Oriya	21	Panjabi	22	Persian	23	Polish	24	Portuguese	25	Russian	26	Tamil	27	Telugu	28	Thai	29	Turkish	30	Ukrainian	31	Urdu	32	Vietnamese
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112	sc2_patient_basic_survey_complete	<p>Section Header: <i>Form Status</i> Complete?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																																						
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<p>Instrument: Medical Abstraction Form (medical_abstraction_form)</p>			<p>^ Collapse</p>																																																												
113	abstract_date	<p>1. Date of abstraction:</p>	<p>text (date_mdy)</p>																																																												
114	diagnosis	<p>3. Confirmed enrollment diagnosis:</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Hb SS or sickle cell anemia</td></tr> <tr><td>2</td><td>Hb SC disease</td></tr> <tr><td>3</td><td>Hb S beta0 thalassemia</td></tr> <tr><td>4</td><td>Hb S beta+ thalassemia</td></tr> <tr><td>5</td><td>Hb S hereditary persistence of fetal Hb (S/HPFH)</td></tr> <tr><td>6</td><td>Hb SE</td></tr> <tr><td>7</td><td>Hb SD</td></tr> <tr><td>8</td><td>Hb SO</td></tr> </table> <p>Custom alignment: LV</p>	1	Hb SS or sickle cell anemia	2	Hb SC disease	3	Hb S beta0 thalassemia	4	Hb S beta+ thalassemia	5	Hb S hereditary persistence of fetal Hb (S/HPFH)	6	Hb SE	7	Hb SD	8	Hb SO																																												
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115	dx_basis	3a. What was the basis for diagnosis?	radio <table border="1"> <tr><td>1</td><td>Newborn screening</td></tr> <tr><td>2</td><td>Hemoglobin fractionation</td></tr> <tr><td>3</td><td>Hemoglobin electrophoresis</td></tr> <tr><td>4</td><td>DNA sequencing</td></tr> <tr><td>5</td><td>Unknown</td></tr> </table> Custom alignment: LV	1	Newborn screening	2	Hemoglobin fractionation	3	Hemoglobin electrophoresis	4	DNA sequencing	5	Unknown
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116	dx_confirm Show the field ONLY if: [dx_basis] = '5'	3.b How was diagnosis confirmed?	radio <table border="1"> <tr><td>1</td><td>Hemoglobin fractionation</td></tr> <tr><td>2</td><td>Hemoglobin electrophoresis</td></tr> <tr><td>3</td><td>DNA sequencing</td></tr> </table> Custom alignment: LV	1	Hemoglobin fractionation	2	Hemoglobin electrophoresis	3	DNA sequencing				
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117	dx_age_1a2ca3	4. Approximate age of first diagnosis (physician confirmed):	<p>dropdown</p> <table border="1"> <tr> <td>0</td> <td>Newborn screening</td> </tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>21</td><td>21</td></tr> <tr><td>22</td><td>22</td></tr> <tr><td>23</td><td>23</td></tr> <tr><td>24</td><td>24</td></tr> <tr><td>25</td><td>25</td></tr> <tr><td>26</td><td>26</td></tr> <tr><td>27</td><td>27</td></tr> <tr><td>28</td><td>28</td></tr> <tr><td>29</td><td>29</td></tr> <tr><td>30</td><td>30</td></tr> <tr><td>31</td><td>31</td></tr> <tr><td>32</td><td>32</td></tr> <tr><td>33</td><td>33</td></tr> </table>	0	Newborn screening	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32	33	33
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118	alpha_test	5. Ever tested for alpha-thalassemia?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes - single alpha globin gene deleted</td></tr> <tr><td>2</td><td>Yes - two alpha globin genes deleted</td></tr> <tr><td>3</td><td>Yes - negative</td></tr> <tr><td>4</td><td>No - not evaluated</td></tr> <tr><td>5</td><td>Unknown</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes - single alpha globin gene deleted	2	Yes - two alpha globin genes deleted	3	Yes - negative	4	No - not evaluated	5	Unknown																														
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119	weight	Section Header: <i>BASIC MEASUREMENTS</i> 7. Weight (kg) <i>1 decimal place</i>	text (number_1dp) Custom alignment: RH																																								
120	weight_date	Date of weight measurement:	text (date_mdy) Custom alignment: RH																																								
121	heart_rate	9. Heart rate (BPM)	text Custom alignment: RH																																								
122	heart_date	Date of heart rate measurement	text (date_mdy) Custom alignment: RH																																								
123	spo2	11. Blood Oxygen Saturation Level (SpO2):	text Custom alignment: RH																																								
124	spo2_date	Date of blood oxygen measurement:	text (date_mdy) Custom alignment: RH																																								
125	bp_systolic	12a. Blood Pressure - Systolic	text (integer) Custom alignment: RH																																								
126	bp_diastolic	12b. Blood Pressure - Diastolic	text (integer) Custom alignment: RH																																								
127	hypertensive_meds	12c. Patient on anti-hypertensive meds?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No																																				
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128	bp_date	Date of blood pressure measurement:	text (date_mdy) Custom alignment: RH						
129	med_17	Section Header: <i>Medications currently being used at time of visit</i> 17. Iron chelators (eg. desferrioxamine, deferasirox, deferipirone)	radio (Matrix) <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Not in record</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	0	No	1	Not in record	2	Yes
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130	med_18	18. Statins (eg. atorvastatin, simvastatin, pravastatin, rosuvastatin)	radio (Matrix) <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Not in record</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	0	No	1	Not in record	2	Yes
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131	med_19	19. Antibiotics (eg. amoxicillin, doxycycline, ciprofloxacin)	radio (Matrix) <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Not in record</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	0	No	1	Not in record	2	Yes
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132	med_20	20. Oral contraceptives [Women Only]	radio (Matrix) <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Not in record</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	0	No	1	Not in record	2	Yes
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133	med_21	21. Implantable contraceptives [Women Only]	radio (Matrix) <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Not in record</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	0	No	1	Not in record	2	Yes
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134	med25	25. Anti-hypertensives (eg. ACE inhibitor, calcium channel blocker, beta blocker, diuretic, angiotensin II receptor antagonists (ARBs))	radio (Matrix) <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Not in record</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	0	No	1	Not in record	2	Yes
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135	scd_q43_1	Section Header: <i>SCD COMPLICATIONS</i> Indicate whether the subject has ever had each condition and when it was first diagnosed. <i>Musculoskeletal</i> 43. Avascular necrosis of the hip	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not in record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	2	Not in record	1	Yes
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136	<p>scd_q43_2</p> <p>Show the field ONLY if: [scd_q43_1]='1'</p>	<p>Age at diagnosis? OR BELOW</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>0 - Birth</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> </table>	0	0 - Birth	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14
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166	<p>scd_q52_2</p> <p>Show the field ONLY if: [scd_q52_1]='1'</p>	Age at diagnosis? OR	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>0 - Birth</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>21</td><td>21</td></tr> <tr><td>22</td><td>22</td></tr> <tr><td>23</td><td>23</td></tr> <tr><td>24</td><td>24</td></tr> <tr><td>25</td><td>25</td></tr> <tr><td>26</td><td>26</td></tr> <tr><td>27</td><td>27</td></tr> <tr><td>28</td><td>28</td></tr> <tr><td>29</td><td>29</td></tr> <tr><td>30</td><td>30</td></tr> <tr><td>31</td><td>31</td></tr> <tr><td>32</td><td>32</td></tr> <tr><td>33</td><td>33</td></tr> <tr><td>34</td><td>34</td></tr> <tr><td>35</td><td>35</td></tr> <tr><td>36</td><td>36</td></tr> <tr><td>37</td><td>37</td></tr> <tr><td>38</td><td>38</td></tr> <tr><td>39</td><td>39</td></tr> <tr><td>40</td><td>40</td></tr> </table>	0	0 - Birth	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32	33	33	34	34	35	35	36	36	37	37	38	38	39	39	40	40
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213	scd_q62_1	62. Other autoimmune or inflammatory disorder, please specify: _____	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not in record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> <p>Custom alignment: RH</p>	0	No	2	Not in record	1	Yes		
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227	<p>scd_q67_2</p> <p>Show the field ONLY if: [scd_q67_1]='1'</p>	Age at diagnosis? OR	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>0 - Birth</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>21</td><td>21</td></tr> <tr><td>22</td><td>22</td></tr> <tr><td>23</td><td>23</td></tr> <tr><td>24</td><td>24</td></tr> <tr><td>25</td><td>25</td></tr> <tr><td>26</td><td>26</td></tr> <tr><td>27</td><td>27</td></tr> <tr><td>28</td><td>28</td></tr> <tr><td>29</td><td>29</td></tr> <tr><td>30</td><td>30</td></tr> <tr><td>31</td><td>31</td></tr> <tr><td>32</td><td>32</td></tr> <tr><td>33</td><td>33</td></tr> <tr><td>34</td><td>34</td></tr> <tr><td>35</td><td>35</td></tr> <tr><td>36</td><td>36</td></tr> <tr><td>37</td><td>37</td></tr> <tr><td>38</td><td>38</td></tr> <tr><td>39</td><td>39</td></tr> <tr><td>40</td><td>40</td></tr> </table>	0	0 - Birth	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32	33	33	34	34	35	35	36	36	37	37	38	38	39	39	40	40
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228	scd_q67_3 Show the field ONLY if: [scd_q67_1]='1'	Select the year when diagnosed:	dropdown <table border="1"><tr><td>2022</td><td>2022</td></tr><tr><td>2021</td><td>2021</td></tr><tr><td>2020</td><td>2020</td></tr><tr><td>2019</td><td>2019</td></tr><tr><td>2018</td><td>2018</td></tr><tr><td>2017</td><td>2017</td></tr><tr><td>2016</td><td>2016</td></tr><tr><td>2015</td><td>2015</td></tr><tr><td>2014</td><td>2014</td></tr><tr><td>2013</td><td>2013</td></tr><tr><td>2012</td><td>2012</td></tr><tr><td>2011</td><td>2011</td></tr><tr><td>2010</td><td>2010</td></tr><tr><td>2009</td><td>2009</td></tr><tr><td>2008</td><td>2008</td></tr><tr><td>2007</td><td>2007</td></tr><tr><td>2006</td><td>2006</td></tr><tr><td>2005</td><td>2005</td></tr><tr><td>2004</td><td>2004</td></tr><tr><td>2003</td><td>2003</td></tr><tr><td>2002</td><td>2002</td></tr><tr><td>2001</td><td>2001</td></tr><tr><td>2000</td><td>2000</td></tr><tr><td>1999</td><td>1999</td></tr><tr><td>1998</td><td>1998</td></tr><tr><td>1997</td><td>1997</td></tr><tr><td>1996</td><td>1996</td></tr><tr><td>1995</td><td>1995</td></tr><tr><td>1994</td><td>1994</td></tr><tr><td>1993</td><td>1993</td></tr><tr><td>1992</td><td>1992</td></tr><tr><td>1991</td><td>1991</td></tr><tr><td>1990</td><td>1990</td></tr></table>	2022	2022	2021	2021	2020	2020	2019	2019	2018	2018	2017	2017	2016	2016	2015	2015	2014	2014	2013	2013	2012	2012	2011	2011	2010	2010	2009	2009	2008	2008	2007	2007	2006	2006	2005	2005	2004	2004	2003	2003	2002	2002	2001	2001	2000	2000	1999	1999	1998	1998	1997	1997	1996	1996	1995	1995	1994	1994	1993	1993	1992	1992	1991	1991	1990	1990
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232	scd_q74_1	<p>Section Header: <i>INSURANCE</i></p> <p>What kind of health insurance or health care coverage does the patient have? (Choose all that apply.)</p>	<p>checkbox</p> <table border="1"> <tr> <td data-bbox="1021 163 1052 195">0</td> <td data-bbox="1052 163 1187 195">scd_q74_1__0</td> <td data-bbox="1187 163 1466 195">None</td> </tr> <tr> <td data-bbox="1021 205 1052 237">1</td> <td data-bbox="1052 205 1187 237">scd_q74_1__1</td> <td data-bbox="1187 205 1466 258">Private health insurance plan from employer</td> </tr> <tr> <td data-bbox="1021 268 1052 300">2</td> <td data-bbox="1052 268 1187 300">scd_q74_1__2</td> <td data-bbox="1187 268 1466 300">Medicare</td> </tr> <tr> <td data-bbox="1021 310 1052 342">3</td> <td data-bbox="1052 310 1187 342">scd_q74_1__3</td> <td data-bbox="1187 310 1466 468">Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance.</td> </tr> <tr> <td data-bbox="1021 478 1052 510">4</td> <td data-bbox="1052 478 1187 510">scd_q74_1__4</td> <td data-bbox="1187 478 1466 531">TRICARE or other military health care, including VA health care</td> </tr> <tr> <td data-bbox="1021 541 1052 573">5</td> <td data-bbox="1052 541 1187 573">scd_q74_1__5</td> <td data-bbox="1187 541 1466 594">Other type of health insurance, specify: _____</td> </tr> </table> <p>Custom alignment: RH</p>	0	scd_q74_1__0	None	1	scd_q74_1__1	Private health insurance plan from employer	2	scd_q74_1__2	Medicare	3	scd_q74_1__3	Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance.	4	scd_q74_1__4	TRICARE or other military health care, including VA health care	5	scd_q74_1__5	Other type of health insurance, specify: _____
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5	scd_q74_1__5	Other type of health insurance, specify: _____																			
233	<p>scd_q74_2</p> <p>Show the field ONLY if: [scd_q74_1(5)]=1'</p>	<p>If 'Other' type of health insurance, please list:</p>	<p>text</p>																		

234	scd_q75_1	Year this patient was first seen at MUSC:	<p>dropdown</p> <table border="1"> <tr><td>9999</td><td>Patient not seen at MUSC</td></tr> <tr><td>2022</td><td>2022</td></tr> <tr><td>2021</td><td>2021</td></tr> <tr><td>2020</td><td>2020</td></tr> <tr><td>2019</td><td>2019</td></tr> <tr><td>2018</td><td>2018</td></tr> <tr><td>2017</td><td>2017</td></tr> <tr><td>2016</td><td>2016</td></tr> <tr><td>2015</td><td>2015</td></tr> <tr><td>2014</td><td>2014</td></tr> <tr><td>2013</td><td>2013</td></tr> <tr><td>2012</td><td>2012</td></tr> <tr><td>2011</td><td>2011</td></tr> <tr><td>2010</td><td>2010</td></tr> <tr><td>2009</td><td>2009</td></tr> <tr><td>2008</td><td>2008</td></tr> <tr><td>2007</td><td>2007</td></tr> <tr><td>2006</td><td>2006</td></tr> <tr><td>2005</td><td>2005</td></tr> <tr><td>2004</td><td>2004</td></tr> <tr><td>2003</td><td>2003</td></tr> <tr><td>2002</td><td>2002</td></tr> <tr><td>2001</td><td>2001</td></tr> <tr><td>2000</td><td>2000</td></tr> <tr><td>1999</td><td>1999</td></tr> <tr><td>1998</td><td>1998</td></tr> <tr><td>1997</td><td>1997</td></tr> <tr><td>1996</td><td>1996</td></tr> <tr><td>1995</td><td>1995</td></tr> <tr><td>1994</td><td>1994</td></tr> </table>	9999	Patient not seen at MUSC	2022	2022	2021	2021	2020	2020	2019	2019	2018	2018	2017	2017	2016	2016	2015	2015	2014	2014	2013	2013	2012	2012	2011	2011	2010	2010	2009	2009	2008	2008	2007	2007	2006	2006	2005	2005	2004	2004	2003	2003	2002	2002	2001	2001	2000	2000	1999	1999	1998	1998	1997	1997	1996	1996	1995	1995	1994	1994
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235	med_hospital	<p>Section Header: <i>Medical History Profile</i></p> <p>In the past 12 month, how many times was the patient hospitalized?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20								
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236	med_hospital_day	In the past 12 month, how many total days did the patient spend hospitalized?	dropdown	
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237	med_er	In the past 12 month, how many emergency room visits did the patient have?	dropdown <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8
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239	med_transfusions	In the past 12 month, how many transfusions did the patient have?	dropdown <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>21</td><td>21</td></tr> <tr><td>22</td><td>22</td></tr> <tr><td>23</td><td>23</td></tr> <tr><td>24</td><td>24</td></tr> <tr><td>25</td><td>25</td></tr> <tr><td>26</td><td>26</td></tr> <tr><td>27</td><td>27</td></tr> <tr><td>28</td><td>28</td></tr> <tr><td>29</td><td>29</td></tr> <tr><td>30</td><td>30</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30
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240	med_transfusion_reaction Show the field ONLY if: [med_transfusions] > '0'	In the past 12 month, did the patient have any transfusion reactions?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	2	No																																																										
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2	No																																																																
241	current_reaction_symptoms Show the field ONLY if: [med_transfusion_reaction] = '1'	Please check all transfusion reaction symptoms noted in the EMR	checkbox <table border="1"> <tr><td>1</td><td>current_reaction_symptoms__1</td><td>Fever</td></tr> <tr><td>2</td><td>current_reaction_symptoms__2</td><td>Rash</td></tr> <tr><td>3</td><td>current_reaction_symptoms__3</td><td>Difficulty breathing</td></tr> <tr><td>4</td><td>current_reaction_symptoms__4</td><td>DHTR</td></tr> <tr><td>5</td><td>current_reaction_symptoms__5</td><td>Other</td></tr> </table> Custom alignment: LH	1	current_reaction_symptoms__1	Fever	2	current_reaction_symptoms__2	Rash	3	current_reaction_symptoms__3	Difficulty breathing	4	current_reaction_symptoms__4	DHTR	5	current_reaction_symptoms__5	Other																																															
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242	current_reaction_sym_other Show the field ONLY if: [current_reaction_symptoms (5)] = '1'	If 'Other', please specify	notes																																																														

243	ab_staff	Section Header: <i>Staff Section</i> Name of study personnel completing abstraction:	text						
244	medical_abstraction_form_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
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Instrument: Laboratory Reporting Form (laboratory_reporting_form)			^ Collapse						
245	lab_header	Complete using medical records, using values from the subject in steady state	descriptive						
246	lab_available1	Section Header: <i>1. Nucleated RBC</i> Nucleated RBC available?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
247	lab1 Show the field ONLY if: [lab_available1]='1'	Units (103/mm3) <i>1 decimal place</i>	text (number_1dp)						
248	lab_date1 Show the field ONLY if: [lab_available1]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)						
249	lab_available2	Section Header: <i>2. White Blood Cell</i> White Blood Cell available?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
250	lab2 Show the field ONLY if: [lab_available2]='1'	Units (103/mm3) <i>1 decimal place</i>	text (number_1dp)						
251	lab_date2 Show the field ONLY if: [lab_available2]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)						
252	lab_available3	Section Header: <i>3. RBC</i> RBC available?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
253	lab3 Show the field ONLY if: [lab_available3]='1'	Units (106/mm3) <i>1 decimal place</i>	text (number_1dp)						
254	lab_date3 Show the field ONLY if: [lab_available3]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)						
255	lab_available4	Section Header: <i>4. Hemoglobin</i> Hemoglobin available?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
256	lab4 Show the field ONLY if: [lab_available4]='1'	Units (g/dL) <i>1 decimal place</i>	text (number_1dp)						
257	lab_date4 Show the field ONLY if: [lab_available4]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)						
258	lab_available5	Section Header: <i>5. Hematocrit</i> Hematocrit available?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								

259	lab5 Show the field ONLY if: [lab_available5]='1'	Units (%) <i>1 decimal place</i>	text (number_1dp, Min: 0, Max: 100)
260	lab_date5 Show the field ONLY if: [lab_available5]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
261	lab_available6	Section Header: 6. MCV MCV available?	radio 1 Yes 2 No
262	lab6 Show the field ONLY if: [lab_available6]='1'	Units (micrometer3) <i>1 decimal place</i>	text (number_1dp)
263	lab_date6 Show the field ONLY if: [lab_available6]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
264	lab_available7	Section Header: 7. MCH MCH available?	radio 1 Yes 2 No
265	lab7 Show the field ONLY if: [lab_available7]='1'	Units (pg) <i>1 decimal place</i>	text (number_1dp)
266	lab_date7 Show the field ONLY if: [lab_available7]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
267	lab_available8	Section Header: 8. MCHC MCHC available?	radio 1 Yes 2 No
268	lab8 Show the field ONLY if: [lab_available8]='1'	Units (g/dL) <i>1 decimal place</i>	text (number_1dp)
269	lab_date8 Show the field ONLY if: [lab_available8]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
270	lab_available9	Section Header: 9. Platelets Platelets available? <i>1 decimal place</i>	radio 1 Yes 2 No
271	lab9 Show the field ONLY if: [lab_available9]='1'	Units (103/mm3)	text (number_1dp)
272	lab_date9 Show the field ONLY if: [lab_available9]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
273	lab_available10	Section Header: 10. Neutrophils (segmented and banded together) Neutrophils (segmented and band) available?	radio 1 Yes 2 No
274	lab10 Show the field ONLY if: [lab_available10]='1'	Units (%) <i>0 decimal place</i>	text (integer, Min: 0, Max: 100)
275	lab_date10 Show the field ONLY if: [lab_available10]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)

276	lab_available11	Section Header: 11. Lymphocytes Lymphocytes available?	radio 1 Yes 2 No
277	lab11 Show the field ONLY if: [lab_available11]='1'	Units (%) 0 decimal place	text (integer)
278	lab_date11 Show the field ONLY if: [lab_available11]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
279	lab_available12	Section Header: 12. Monocytes Monocytes available?	radio 1 Yes 2 No
280	lab12 Show the field ONLY if: [lab_available12]='1'	Units (%) 0 decimal place	text (integer)
281	lab_date12 Show the field ONLY if: [lab_available12]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
282	lab_available13	Section Header: 13. Reticulocytes Reticulocytes available?	radio 1 Yes 2 No
283	lab13a Show the field ONLY if: [lab_available13]='1'	Units (%)n - OR below 1 decimal place	text (number_1dp, Min: 0, Max: 100)
284	lab13b Show the field ONLY if: [lab_available13]='1'	Units (103/microliter) 0 decimal place	text (integer)
285	lab_date13 Show the field ONLY if: [lab_available13]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
286	lab_available14	Section Header: 14. Serum BUN Serum BUN available?	radio 1 Yes 2 No
287	lab14 Show the field ONLY if: [lab_available14]='1'	Units (mg/dL) 1 decimal place	text (number_1dp)
288	lab_date14 Show the field ONLY if: [lab_available14]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
289	lab_available15	Section Header: 15. Serum Creatinine Serum Creatinine available?	radio 1 Yes 2 No
290	lab15 Show the field ONLY if: [lab_available15]='1'	Units (mg/dL) 1 decimal place	text (number_1dp, Min: 0, Max: 9.9)
291	lab_date15 Show the field ONLY if: [lab_available15]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
292	lab_available27	Section Header: 27. Bilirubin Serum, Total Bilirubin Serum Total available?	radio 1 Yes 2 No

293	lab27 Show the field ONLY if: [lab_available27]='1'	Units (mg/dL) <i>1 decimal place</i>	text (number_1 dp)
294	lab_date27 Show the field ONLY if: [lab_available27]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
295	lab_available28	Section Header: 28. <i>Bilirubin Serum, Direct</i> Bilirubin Serum, Direct available?	radio 1 Yes 2 No
296	lab28 Show the field ONLY if: [lab_available28]='1'	Units (mg/dL) <i>1 decimal place</i>	text (number_1 dp)
297	lab_date28 Show the field ONLY if: [lab_available28]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
298	lab_available29	Section Header: 29. <i>AST</i> AST available?	radio 1 Yes 2 No
299	lab29 Show the field ONLY if: [lab_available29]='1'	Units (U/L) <i>1 decimal place</i>	text (number_1 dp)
300	lab_date29 Show the field ONLY if: [lab_available29]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
301	lab_available30	Section Header: 30. <i>ALT</i> ALT available?	radio 1 Yes 2 No
302	lab30 Show the field ONLY if: [lab_available30]='1'	Units (U/L) <i>1 decimal place</i>	text (number_1 dp)
303	lab_date30 Show the field ONLY if: [lab_available30]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
304	lab_available31	Section Header: 31. <i>Alkaline Phosphatase</i> Alkaline Phosphatase available?	radio 1 Yes 2 No
305	lab31 Show the field ONLY if: [lab_available31]='1'	Units (U/L) <i>1 decimal place</i>	text (number_1 dp)
306	lab_date31 Show the field ONLY if: [lab_available31]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
307	lab_available32	Section Header: 32. <i>Total Protein (plasma)</i> Total Protein (plasma) available?	radio 1 Yes 2 No
308	lab32 Show the field ONLY if: [lab_available32]='1'	Units (g/dL) <i>1 decimal place</i>	text (number_1 dp)
309	lab_date32 Show the field ONLY if: [lab_available32]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)

310	lab_available33	Section Header: 33. <i>Albumin</i> Albumin available?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No
1	Yes						
2	No						
311	lab33 Show the field ONLY if: [lab_available33]='1'	Units (g/dL) <i>1 decimal place</i>	text (number_1 dp)				
312	lab_date33 Show the field ONLY if: [lab_available33]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)				
313	lab_available34	Section Header: 34. <i>LDH (serum)</i> LDH (serum) available?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No
1	Yes						
2	No						
314	lab34 Show the field ONLY if: [lab_available34]='1'	Units (U/L) <i>0 decimal places</i>	text (integer)				
315	lab_date34 Show the field ONLY if: [lab_available34]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)				
316	lab_available36	Section Header: 36. <i>BNP</i> BNP available?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No
1	Yes						
2	No						
317	lab36 Show the field ONLY if: [lab_available36]='1'	Units (pg/mL) <i>0 decimal places</i>	text (integer)				
318	lab_date36 Show the field ONLY if: [lab_available36]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)				
319	lab_available40	Section Header: 40. <i>Ferritin</i> Ferritin available?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No
1	Yes						
2	No						
320	lab40 Show the field ONLY if: [lab_available40]='1'	Units (ng/mL) <i>0 decimal places</i>	text (integer)				
321	lab_date40 Show the field ONLY if: [lab_available40]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)				
322	lab_available41	Section Header: 41. <i>Vitamin D</i> Vitamin D available?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No
1	Yes						
2	No						
323	lab41 Show the field ONLY if: [lab_available41]='1'	Units (pg/mL) <i>0 decimal place</i>	text (integer)				
324	lab_date41 Show the field ONLY if: [lab_available41]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)				
325	lab_available42	Section Header: 42. <i>Erythropoietin (EPO)</i> Erythropoietin available?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No
1	Yes						
2	No						
326	lab42 Show the field ONLY if: [lab_available42]='1'	Units (mU/ml) <i>0 decimal places</i>	text (integer)				

327	lab_date42 Show the field ONLY if: [lab_available42]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
328	lab_available43	Section Header: 43. Urine Albumin Urine Albumin available?	radio 1 Yes 2 No
329	lab43 Show the field ONLY if: [lab_available43]='1'	Units (mg/g) 1 decimal place	text (number_1dp)
330	lab_date43 Show the field ONLY if: [lab_available43]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
331	lab_available45	Section Header: 45. Urine Protein Urine Protein available?	radio 1 Yes 2 No
332	lab45 Show the field ONLY if: [lab_available45]='1'	Units (mg/dL) 1 decimal place	text (number_1dp)
333	lab_date45 Show the field ONLY if: [lab_available45]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
334	lab_available48	Section Header: 48. Urine Microscopic RBCs Urine Microscopic RBCs available?	radio 1 Yes 2 No
335	lab48 Show the field ONLY if: [lab_available48]='1'	Results	radio 1 Negative 2 Positive
336	lab_date48 Show the field ONLY if: [lab_available48]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
337	lab_available49	Section Header: 49. Urine Microscopic WBCs Urine Microscopic WBCs available?	radio 1 Yes 2 No
338	lab49 Show the field ONLY if: [lab_available49]='1'	Results	radio 1 Negative 2 Positive
339	lab_date49 Show the field ONLY if: [lab_available49]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)
340	lab_available50	Section Header: 50. Hemoglobin Fractionation, baseline (before HU use) Hemoglobin Fractionation, baseline available?	radio 1 Yes 2 No
341	lab50a Show the field ONLY if: [lab_available50]='1'	Hb A (%) 0 decimal places	text (integer, Min: 0, Max: 100)
342	lab50b Show the field ONLY if: [lab_available50]='1'	Hb S (%) 0 decimal places	text (integer, Min: 0, Max: 100)

343	lab50c Show the field ONLY if: [lab_available50]='1'	Hb C (%) 0 decimal places	text (integer, Min: 0, Max: 100)						
344	lab50d Show the field ONLY if: [lab_available50]='1'	Hb A2 (%) 0 decimal places	text (integer, Min: 0, Max: 100)						
345	lab50e Show the field ONLY if: [lab_available50]='1'	Hb F (%) 0 decimal places	text (integer, Min: 0, Max: 100)						
346	lab50f Show the field ONLY if: [lab_available50]='1'	Other _____ (specify)	text						
347	lab50g Show the field ONLY if: [lab_available50]='1'	Other (%) 0 decimal places	text (integer)						
348	lab_date50 Show the field ONLY if: [lab_available50]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)						
349	lab_available51	Section Header: 51. Haemoglobin Fractionation, most recent Hemoglobin Fractionation, most recent available?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
350	lab51a Show the field ONLY if: [lab_available51]='1'	Hb A (%) 0 decimal places	text (integer, Min: 0, Max: 100)						
351	lab51b Show the field ONLY if: [lab_available51]='1'	Hb S (%) 0 decimal places	text (integer, Min: 0, Max: 100)						
352	lab51c Show the field ONLY if: [lab_available51]='1'	Hb C (%) 0 decimal places	text (integer, Min: 0, Max: 100)						
353	lab51d Show the field ONLY if: [lab_available51]='1'	Hb A2 (%) 0 decimal places	text (integer, Min: 0, Max: 100)						
354	lab51e Show the field ONLY if: [lab_available51]='1'	Hb F (%) 0 decimal places	text (integer, Min: 0, Max: 100)						
355	lab51f Show the field ONLY if: [lab_available51]='1'	Other _____ (specify)	text						
356	lab51g Show the field ONLY if: [lab_available51]='1'	Other (%) 0 decimal places	text (integer)						
357	lab_date51 Show the field ONLY if: [lab_available51]='1'	Date of most recent (mm/dd/yyyy)	text (date_mdy)						
358	lab_staff	Section Header: Staff Section Name of study personnel completing this form:	text						
359	data_lab_date	Data entry date:	text (date_mdy)						
360	laboratory_reporting_form_co mplete	Section Header: Form Status Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Annual Medical Review (annual_medical_review)			^ Collapse				
361	mr_date	Annual medical review date:	text (date_mdy)				
362	mr_weight	Section Header: <i>MOST RECENT BASIC MEASUREMENTS</i> 7. Weight (kg) <i>1 decimal place</i>	text (number_1dp) Custom alignment: RH				
363	mr_weight_date	Date of weight measurement:	text (date_mdy) Custom alignment: RH				
364	mr_heart_rate	9. Heart rate (BPM)	text Custom alignment: RH				
365	mr_heart_date	Date of heart rate measurement	text (date_mdy) Custom alignment: RH				
366	mr_spo2	11. Blood Oxygen Saturation Level (SpO2):	text Custom alignment: RH				
367	mr_spo2_date	Date of blood oxygen measurement:	text (date_mdy) Custom alignment: RH				
368	mr_bp_systolic	12a. Blood Pressure - Systolic	text (integer) Custom alignment: RH				
369	mr_bp_diastolic	12b. Blood Pressure - Diastolic	text (integer) Custom alignment: RH				
370	mr_hypertensive_meds	12c. Patient on anti-hypertensive meds?	yesno <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
371	mr_bp_date	Date of blood pressure measurement:	text (date_mdy) Custom alignment: RH				
372	mr_med_17	Section Header: <i>Medications currently being used at time of review</i> 17. Iron chelators (eg. desferrioxamine, deferasirox, deferipirone)	radio (Matrix) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	0	No	2	Yes
0	No						
2	Yes						
373	mr_med_18	18. Statins (eg. atorvastatin, simvastatin, pravastatin, rosuvastatin)	radio (Matrix) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	0	No	2	Yes
0	No						
2	Yes						
374	mr_med_19	19. Antibiotics (eg. amoxicillin, doxycycline, ciprofloxacin)	radio (Matrix) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	0	No	2	Yes
0	No						
2	Yes						
375	mr_med_20	20. Oral contraceptives [Women Only]	radio (Matrix) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	0	No	2	Yes
0	No						
2	Yes						
376	mr_med_21	21. Implantable contraceptives [Women Only]	radio (Matrix) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	0	No	2	Yes
0	No						
2	Yes						
377	mr_med25	25. Anti-hypertensives (eg. ACE inhibitor, calcium channel blocker, beta blocker, diuretic, angiotensin II receptor antagonists (ARBs))	radio (Matrix) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	0	No	2	Yes
0	No						
2	Yes						
378	mr_scd_q43_1	Section Header: <i>SCD COMPLICATIONS</i> Indicate whether the subject has been newly diagnosed with any of the following conditions in the past 12 months. <i>Musculoskeletal</i> 43. Avascular necrosis of the hip	radio <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> Custom alignment: LV	0	No	2	Yes
0	No						
2	Yes						
379	mr_scd_q43_date Show the field ONLY if: [mr_scd_q43_1]='2'	Date of Diagnosis	text (date_mdy)				

380	mr_scd_q44_1	44. Dactylitis	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> <p>Custom alignment: LV</p>	0	No	2	Yes
0	No						
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381	mr_scd_q44_date Show the field ONLY if: [mr_scd_q44_1]='2'	Date of Diagnosis	text (date_mdy)				
382	mr_scd_q45_1	45. Osteomyelitis	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> <p>Custom alignment: LV</p>	0	No	2	Yes
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383	mr_scd_q45_date Show the field ONLY if: [mr_scd_q45_1]='2'	Date of Diagnosis	text (date_mdy)				
384	mr_scd_q48_1	Section Header: <i>Genitourinary</i> 48. Priapism	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> <p>Custom alignment: LV</p>	0	No	2	Yes
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385	mr_scd_q48_date Show the field ONLY if: [mr_scd_q48_1]='2'	Date of Diagnosis	text (date_mdy)				
386	mr_scd_q49_1	Section Header: <i>Nervous system</i> 49. Stroke (check all that apply)	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> <p>Custom alignment: LV</p>	0	No	2	Yes
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387	mr_scd_q49_date Show the field ONLY if: [mr_scd_q49_1]='2'	Date of Diagnosis	text (date_mdy)				
388	mr_scd_q49a_1	a. Ischemic	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> <p>Custom alignment: LV</p>	0	No	2	Yes
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389	mr_scd_q49a_date Show the field ONLY if: [mr_scd_q49a_1]='2'	Date of Diagnosis	text (date_mdy)				
390	mr_scd_q49b_1	b. Hemorrhagic	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> <p>Custom alignment: LV</p>	0	No	2	Yes
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391	mr_scd_q49b_date Show the field ONLY if: [mr_scd_q49b_1]='2'	Date of Diagnosis	text (date_mdy)				
392	mr_scd_q49c_1	c. Transient ischemic attack (TIA)	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> <p>Custom alignment: LV</p>	0	No	2	Yes
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393	mr_scd_q49c_date Show the field ONLY if: [mr_scd_q49c_1]='2'	Date of Diagnosis	text (date_mdy)				
394	mr_scd_q49d_1	d. Silent	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> Custom alignment: LV	0	No	2	Yes
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395	mr_scd_q49d_date Show the field ONLY if: [mr_scd_q49d_1]='2'	Date of Diagnosis	text (date_mdy)				
396	mr_scd_q51_1	Section Header: <i>Cardiovascular</i> 51. Pulmonary arterial hypertension	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> Custom alignment: LV	0	No	2	Yes
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397	mr_scd_q51_date Show the field ONLY if: [mr_scd_q51_1]='2'	Date of Diagnosis	text (date_mdy)				
398	mr_scd_q52_1	52. Left ventricular dysfunction	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> Custom alignment: LV	0	No	2	Yes
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399	mr_scd_q52_date Show the field ONLY if: [mr_scd_q52_1]='2'	Date of Diagnosis	text (date_mdy)				
400	mr_scd_q53_1	Section Header: <i>Respiratory</i> 53. Acute chest syndrome_0	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> Custom alignment: LV	0	No	2	Yes
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401	mr_scd_q53_date Show the field ONLY if: [mr_scd_q53_1]='2'	Date of Diagnosis	text (date_mdy)				
402	mr_scd_q54_1	54. Asthma	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> Custom alignment: LV	0	No	2	Yes
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403	mr_scd_q54_date Show the field ONLY if: [mr_scd_q54_1]='2'	Date of Diagnosis	text (date_mdy)				
404	mr_scd_q55_1	Section Header: <i>Digestive</i> 55. Gallstones /cholelithiasis, cholecystitis	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> Custom alignment: LV	0	No	2	Yes
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405	mr_scd_q55_date Show the field ONLY if: [mr_scd_q55_1]='2'	Date of Diagnosis	text (date_mdy)				

406	mr_scd_q56_1	56. Splenomegaly (check all that apply)	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> <p>Custom alignment: LV</p>	0	No	2	Yes
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407	mr_scd_q56_date Show the field ONLY if: [mr_scd_q56_1]='2'	Date of Diagnosis	text (date_mdy)				
408	mr_scd_q56a_1	a. Splenic sequestration	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> <p>Custom alignment: LV</p>	0	No	2	Yes
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409	mr_scd_q56a_date Show the field ONLY if: [mr_scd_q56a_1]='2'	Date of Diagnosis	text (date_mdy)				
410	mr_scd_q56b_1	b. Splenic infarcts	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> <p>Custom alignment: LV</p>	0	No	2	Yes
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411	mr_scd_q56b_date Show the field ONLY if: [mr_scd_q56b_1]='2'	Date of Diagnosis	text (date_mdy)				
412	mr_scd_q56c_1	c. Hypersplenism	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> <p>Custom alignment: LV</p>	0	No	2	Yes
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413	mr_scd_q56c_date Show the field ONLY if: [mr_scd_q56c_1]='2'	Date of Diagnosis	text (date_mdy)				
414	mr_scd_q56d_1	d. Splenectomy	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> <p>Custom alignment: LV</p>	0	No	2	Yes
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415	mr_scd_q56d_date Show the field ONLY if: [mr_scd_q56d_1]='2'	Date of Diagnosis	text (date_mdy)				
416	mr_scd_q57_1	Section Header: <i>Other autoimmune/Inflammatory</i> 57. Deep vein thrombosis (DVT)	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> <p>Custom alignment: LV</p>	0	No	2	Yes
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417	mr_scd_q57_date Show the field ONLY if: [mr_scd_q57_1]='2'	Date of Diagnosis	text (date_mdy)				
418	mr_scd_q57a_1	a. Pulmonary embolism	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> <p>Custom alignment: LV</p>	0	No	2	Yes
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419	mr_scd_q57a_date Show the field ONLY if: [mr_scd_q57a_1]='2'	Date of Diagnosis	text (date_mdy)				
420	mr_scd_q57b_1	b. Venous thromboembolism (VTE)	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> Custom alignment: LV	0	No	2	Yes
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421	mr_scd_q57b_date Show the field ONLY if: [mr_scd_q57b_1]='2'	Date of Diagnosis	text (date_mdy)				
422	mr_scd_q58_1	58. Lupus	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> Custom alignment: LV	0	No	2	Yes
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423	mr_scd_q58_date Show the field ONLY if: [mr_scd_q58_1]='2'	Date of Diagnosis	text (date_mdy)				
424	mr_scd_q59_1	59. Rheumatoid arthritis	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> Custom alignment: LV	0	No	2	Yes
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425	mr_scd_q59_date Show the field ONLY if: [mr_scd_q59_1]='2'	Date of Diagnosis	text (date_mdy)				
426	mr_scd_q60_1	60. Gout	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> Custom alignment: LV	0	No	2	Yes
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427	mr_scd_q60_date Show the field ONLY if: [mr_scd_q60_1]='2'	Date of Diagnosis	text (date_mdy)				
428	mr_scd_q61_1	61. Sarcoidosis	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> Custom alignment: LV	0	No	2	Yes
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429	mr_scd_q61_date Show the field ONLY if: [mr_scd_q61_1]='2'	Date of Diagnosis	text (date_mdy)				
430	mr_scd_q62_1	62. Other autoimmune or inflammatory disorder, please specify: _____	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table> Custom alignment: LV	0	No	2	Yes
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2	Yes						
431	mr_scd_q62_date Show the field ONLY if: [mr_scd_q62_1]='2'	Please type the 'Other' disorder here:	text				
432	mr_scd_q62_3 Show the field ONLY if: [mr_scd_q62_1]='2'	Date of Diagnosis	text (date_mdy)				

433	mr_scd_q64_1	Section Header: <i>Other Conditions</i> 64. Pneumococcal sepsis (Pulmonary)	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> Custom alignment: LV	0	No	2	Yes
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434	mr_scd_q64_date Show the field ONLY if: [mr_scd_q64_1]='2'	Date of Diagnosis	text (date_mdy)				
435	mr_scd_q65_1	65. Skin ulcers (Integumentary)	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> Custom alignment: LV	0	No	2	Yes
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436	mr_scd_q65_date Show the field ONLY if: [mr_scd_q65_1]='2'	Date of Diagnosis	text (date_mdy)				
437	mr_scd_q66_1	66. Retinopathy (Ocular)	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> Custom alignment: LV	0	No	2	Yes
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438	mr_scd_q66_date Show the field ONLY if: [mr_scd_q66_1]='2'	Date of Diagnosis	text (date_mdy)				
439	mr_scd_q67_1	67. Diabetes mellitus (other systemic)	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> Custom alignment: LV	0	No	2	Yes
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440	mr_scd_q67_date Show the field ONLY if: [mr_scd_q67_1]='2'	Date of Diagnosis	text (date_mdy)				
441	mr_scd_q68_1	68. Iron overload (Other)	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> Custom alignment: LV	0	No	2	Yes
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442	mr_scd_q68_date Show the field ONLY if: [mr_scd_q68_1]='2'	Date of Diagnosis	text (date_mdy)				
443	mr_eye_exam	Section Header: <i>Eye Examination</i> Has the patient had an eye exam within the past 12 months?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	2	No
1	Yes						
2	No						
444	mr_eye_date	Most recent eye exam date:	text (date_mdy)				
445	mr_eye_result	Eye exam results	radio <table border="1"> <tr><td>1</td><td>Normal</td></tr> <tr><td>2</td><td>Abnormal</td></tr> </table> Custom alignment: RH	1	Normal	2	Abnormal
1	Normal						
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446	mr_med_hospital	<p>Section Header: <i>Medical History Profile</i></p> <p>In the past 12 month, how many times was the patient hospitalized?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20
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447	mr_med_hospital_day	In the past 12 month, how many total days did the patient spend hospitalized?	<p>dropdown</p> <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24
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448	mr_med_er	In the past 12 month, how many emergency room visits did the patient have?	dropdown <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>21</td><td>21</td></tr> <tr><td>22</td><td>22</td></tr> <tr><td>23</td><td>23</td></tr> <tr><td>24</td><td>24</td></tr> <tr><td>25</td><td>25</td></tr> <tr><td>26</td><td>26</td></tr> <tr><td>27</td><td>27</td></tr> <tr><td>28</td><td>28</td></tr> <tr><td>29</td><td>29</td></tr> <tr><td>30</td><td>30</td></tr> <tr><td>31</td><td>31</td></tr> <tr><td>32</td><td>32</td></tr> <tr><td>33</td><td>33</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32	33	33
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449	mr_med_icu	In the past 12 month, how many ICU stays did the patient have?	dropdown																																																														
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450	mr_med_transfusions	In the past 12 month, how many transfusions did the patient have?	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>21</td><td>21</td></tr> <tr><td>22</td><td>22</td></tr> <tr><td>23</td><td>23</td></tr> <tr><td>24</td><td>24</td></tr> <tr><td>25</td><td>25</td></tr> <tr><td>26</td><td>26</td></tr> <tr><td>27</td><td>27</td></tr> <tr><td>28</td><td>28</td></tr> <tr><td>29</td><td>29</td></tr> <tr><td>30</td><td>30</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30
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451	mr_med_transfusion_reaction Show the field ONLY if: [mr_med_transfusions] > '0'	In the past 12 month, did the patient have any transfusion reactions?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> <p>Custom alignment: RH</p>	1	Yes	2	No																																																										
1	Yes																																																																
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452	mr_current_reaction_symptoms Show the field ONLY if: [mr_med_transfusion_reaction] = '1'	Please check all transfusion reaction symptoms noted in the EMR	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>mr_current_reaction_symptoms__1</td><td>Fever</td></tr> <tr><td>2</td><td>mr_current_reaction_symptoms__2</td><td>Rash</td></tr> <tr><td>3</td><td>mr_current_reaction_symptoms__3</td><td>Difficulty breathing</td></tr> <tr><td>4</td><td>mr_current_reaction_symptoms__4</td><td>DHTR</td></tr> <tr><td>5</td><td>mr_current_reaction_symptoms__5</td><td>Other</td></tr> </table> <p>Custom alignment: LH</p>	1	mr_current_reaction_symptoms__1	Fever	2	mr_current_reaction_symptoms__2	Rash	3	mr_current_reaction_symptoms__3	Difficulty breathing	4	mr_current_reaction_symptoms__4	DHTR	5	mr_current_reaction_symptoms__5	Other																																															
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453	mr_current_reaction_sym_oth er Show the field ONLY if: [mr_current_reaction_symptoms(5)] = '1'	If 'Other', please specify	notes																		
454	mr_scd_q74_1	Section Header: <i>INSURANCE</i> What kind of health insurance or health care coverage does the patient currently have? (Choose all that apply.)	checkbox <table border="1"> <tr> <td>0</td> <td>mr_scd_q74_1__0</td> <td>None</td> </tr> <tr> <td>1</td> <td>mr_scd_q74_1__1</td> <td>Private health insurance plan from employer</td> </tr> <tr> <td>2</td> <td>mr_scd_q74_1__2</td> <td>Medicare</td> </tr> <tr> <td>3</td> <td>mr_scd_q74_1__3</td> <td>Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance.</td> </tr> <tr> <td>4</td> <td>mr_scd_q74_1__4</td> <td>TRICARE or other military health care, including VA health care</td> </tr> <tr> <td>5</td> <td>mr_scd_q74_1__5</td> <td>Other type of health insurance, specify: _____</td> </tr> </table> Custom alignment: LV	0	mr_scd_q74_1__0	None	1	mr_scd_q74_1__1	Private health insurance plan from employer	2	mr_scd_q74_1__2	Medicare	3	mr_scd_q74_1__3	Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance.	4	mr_scd_q74_1__4	TRICARE or other military health care, including VA health care	5	mr_scd_q74_1__5	Other type of health insurance, specify: _____
0	mr_scd_q74_1__0	None																			
1	mr_scd_q74_1__1	Private health insurance plan from employer																			
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4	mr_scd_q74_1__4	TRICARE or other military health care, including VA health care																			
5	mr_scd_q74_1__5	Other type of health insurance, specify: _____																			
455	mr_scd_q74_2 Show the field ONLY if: [mr_scd_q74_1(5)]=1'	If 'Other' type of health insurance, please list:	text																		
456	mr_staff	Section Header: <i>Staff Section</i> Name of study personnel completing annual medical review:	text																		
457	annual_medical_review_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete												
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Instrument: Hydroxyurea Usage (hydroxyurea_usage)			^ Collapse																		
458	hydroxy_usage_date	Section Header: <i>Hydroxyurea Usage</i> Today's date	text (date_mdy)																		
459	hydroxy_use	Is the patient currently taking hydroxyurea right now?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
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460	hydory_dose Show the field ONLY if: [hydroxy_use] = '1'	What is their current dosage?	text																		
461	hydroxy_past Show the field ONLY if: [hydroxy_use] = '0'	Has the patient ever been on hydroxyurea at any time in the past 12 months?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No														
1	Yes																				
2	No																				
462	hydrox_stop Show the field ONLY if: [hydroxy_past] = '1'	Why did they stop?	radio <table border="1"> <tr> <td>1</td> <td>Side effect</td> </tr> <tr> <td>2</td> <td>Bone marrow supression</td> </tr> <tr> <td>3</td> <td>Other therpay indicated</td> </tr> <tr> <td>4</td> <td>Patient choice</td> </tr> <tr> <td>997</td> <td>Unknown</td> </tr> <tr> <td>5</td> <td>Other reason _____</td> </tr> </table>	1	Side effect	2	Bone marrow supression	3	Other therpay indicated	4	Patient choice	997	Unknown	5	Other reason _____						
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2	Bone marrow supression																				
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4	Patient choice																				
997	Unknown																				
5	Other reason _____																				

463	hydroxy_stop_other Show the field ONLY if: [hydrox_stop] = '5'	If 'Other reason', please specify	text														
464	hydroxy_decline	Why is the patient currently not taking hydroxyurea	radio <table border="1"> <tr><td>1</td><td>Patient declined</td></tr> <tr><td>2</td><td>hbSC or SB+ disease</td></tr> <tr><td>3</td><td>Parent declined</td></tr> <tr><td>997</td><td>Unknown</td></tr> <tr><td>4</td><td>Other reason _____</td></tr> </table>	1	Patient declined	2	hbSC or SB+ disease	3	Parent declined	997	Unknown	4	Other reason _____				
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465	hydroxy_decline_other Show the field ONLY if: [hydroxy_decline] = '4'	If 'Other reason', please specify	text														
466	hydroxyurea_usage_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
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Instrument: SC2 End Of Study (sc2_end_of_study)			^ Collapse														
467	eos_sc_date	Date of SC2 study termination: <i>mm/dd/yy</i>	text (date_mdy)														
468	eos_sc_study_length	Length of Study Enrollment: <i>years</i>	calc Calculation: round(datediff([eos_sc_date], [scinfccon_date], "y", "mdy"), 1)														
469	eos_success	Did the subject successfully complete the study?	radio, Identifier <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	2	No										
1	Yes																
2	No																
470	eos_early_reason_v1	Primary reason for study termination:	radio, Identifier <table border="1"> <tr><td>1</td><td>Not Interested</td></tr> <tr><td>2</td><td>Refused to Consent</td></tr> <tr><td>3</td><td>Consent Withdrawn</td></tr> <tr><td>4</td><td>PI Terminated</td></tr> <tr><td>5</td><td>Lost Contact</td></tr> <tr><td>6</td><td>Adverse Event - including death</td></tr> <tr><td>7</td><td>Study Completion</td></tr> </table>	1	Not Interested	2	Refused to Consent	3	Consent Withdrawn	4	PI Terminated	5	Lost Contact	6	Adverse Event - including death	7	Study Completion
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5	Lost Contact																
6	Adverse Event - including death																
7	Study Completion																
471	eos_reason_withdraw_v1 Show the field ONLY if: [eos_early_reason_v1] = '3'	Primary Reason for Consent Withdrawal:	text Custom alignment: RH														
472	research_studies	Would the patient like to be contacted about future SCD research studies that they might be eligible for?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	2	No										
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473	eos_staff_v1	Section Header: <i>Study Staff Section</i> Name of site personnel completing this form:	text, Identifier														
474	sc2_end_of_study_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
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Instrument: Prior Medical Review (prior_medical_review)			^ Collapse														

475	enroll_yr	<p>Section Header: <i>PLEASE FIRST SELECT THE CALENDAR YEAR THE PATIENT WAS ENROLLED IN THE STUDY BELOW</i></p> <p>Which calendar year was the patient enrolled in the study?</p>	<p>dropdown, Required</p> <table border="1"> <tr> <td>1</td> <td>2017</td> </tr> <tr> <td>2</td> <td>2018</td> </tr> <tr> <td>3</td> <td>2019</td> </tr> <tr> <td>4</td> <td>2020</td> </tr> <tr> <td>5</td> <td>2021</td> </tr> </table>	1	2017	2	2018	3	2019	4	2020	5	2021
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476	mr_med_er_12	<p>Section Header: <i>Medical History Profile 2012</i></p> <p>In 2012, how many emergency room visits did the patient have?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>21</td><td>21</td></tr> <tr><td>22</td><td>22</td></tr> <tr><td>23</td><td>23</td></tr> <tr><td>24</td><td>24</td></tr> <tr><td>25</td><td>25</td></tr> <tr><td>26</td><td>26</td></tr> <tr><td>27</td><td>27</td></tr> <tr><td>28</td><td>28</td></tr> <tr><td>29</td><td>29</td></tr> <tr><td>30</td><td>30</td></tr> <tr><td>31</td><td>31</td></tr> <tr><td>32</td><td>32</td></tr> <tr><td>33</td><td>33</td></tr> <tr><td>34</td><td>34</td></tr> <tr><td>35</td><td>35</td></tr> <tr><td>36</td><td>36</td></tr> <tr><td>37</td><td>37</td></tr> <tr><td>38</td><td>38</td></tr> <tr><td>39</td><td>39</td></tr> <tr><td>40</td><td>40</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32	33	33	34	34	35	35	36	36	37	37	38	38	39	39	40	40
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482	mr_med_hospital_13	In 2013, how many times was the patient hospitalized?	<p>dropdown</p> <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr><tr><td>31</td><td>31</td></tr><tr><td>32</td><td>32</td></tr><tr><td>33</td><td>33</td></tr><tr><td>34</td><td>34</td></tr><tr><td>35</td><td>35</td></tr><tr><td>36</td><td>36</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32	33	33	34	34	35	35	36	36
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488	mr_med_hospital_day_14	In 2014, how many total days did the patient spend hospitalized?	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>21</td><td>21</td></tr> <tr><td>22</td><td>22</td></tr> <tr><td>23</td><td>23</td></tr> <tr><td>24</td><td>24</td></tr> <tr><td>25</td><td>25</td></tr> <tr><td>26</td><td>26</td></tr> <tr><td>27</td><td>27</td></tr> <tr><td>28</td><td>28</td></tr> <tr><td>29</td><td>29</td></tr> <tr><td>30</td><td>30</td></tr> <tr><td>31</td><td>31</td></tr> <tr><td>32</td><td>32</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32
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513	<p>mr_med_hospital_day_19</p> <p>Show the field ONLY if: [enroll_yr] = '5' or [enroll_yr] = '4'</p>	<p>In 2019, how many total days did the patient spend hospitalized?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>21</td><td>21</td></tr> <tr><td>22</td><td>22</td></tr> <tr><td>23</td><td>23</td></tr> <tr><td>24</td><td>24</td></tr> <tr><td>25</td><td>25</td></tr> <tr><td>26</td><td>26</td></tr> <tr><td>27</td><td>27</td></tr> <tr><td>28</td><td>28</td></tr> <tr><td>29</td><td>29</td></tr> <tr><td>30</td><td>30</td></tr> <tr><td>31</td><td>31</td></tr> <tr><td>32</td><td>32</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32
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