Provider Registration Form

Provider ID
{[provider_id] text}

_____

Section A

By entering this form into the DMS, you are entering this provider into the SCDIC Care Redesign database. The REDCap Provider Data Collection Form is accessible after the consent date has been entered.

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1. Date signed consent obtained
{[s1f1qa01] text date_mdy}

_____

{[s1f1q01b] checkbox}
{Branching logic (show if): [s1f1qa01] = ""}

☐ {1} NA

Date of Enrollment
{[s1f1qa01b] text date_mdy}
{Branching logic (show if): [s1f1qa01] = ""}

_____

---

consent date is blank (0).
Consent data is not blank(1)
{[consent_yes] calc}

_____

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2. Mode of survey administration
{[s1f1qa02] radio}

○ {1} Self-administered; hard copy
○ {2} Self-administered; online entry
○ {3} Interview; hard copy
○ {4} Interview; online entry
(Check one)

---

3. The subject was enrolled at a clinic location within the SCDIC center: (Check one)
{[s1f1qa03] dropdown}

- ◯ {1} St. Jude Children's Research Hospital
- ◯ {2} Methodist University Hospital
- ◯ {3} Baptist Health Care
- ◯ {4} Duke Adult Sickle Cell Clinic
- ◯ {5} UI Hospital & Health Sciences System, Sickle Cell Center
- ◯ {6} UI Hospital & Health Sciences System, Pediatric Department
- ◯ {7} OSF Healthcare/Children's Hospital of Illinois
- ◯ {8} Sinai Health System
- ◯ {9} Lawndale Christian Health Center
- ◯ {10} UCSF Benioff Children's Hospital Oakland
- ◯ {11} UC Davis
- ◯ {12} Mount Sinai Hospital
- ◯ {13} St. Louis Children's Hospital Pediatric
- ◯ {14} Barnes Jewish Hospital Hematology
- ◯ {15} Christian Hospital Northeast-Hematology
- ◯ {16} Augusta University Adult Center for Blood Disorders
- ◯ {17} AU Pediatric Hem/Onc
- ◯ {18} AU Macon Outreach Clinic
- ◯ {19} AU Sylvester Outreach Clinic
- ◯ {20} AU Savannah Outreach Clinic
- ◯ {21} Adult Sickle Cell Clinic
- ◯ {22} Pediatric Sickle Cell Clinic
- ◯ {23} Duke Pediatric Sickle Cell Clinic

Provider Data Collection Form

Please complete the survey below.

Thank you!

GENERAL INFORMATION

Date form completed:
{[s1f5qa1] text date_mdy}

_____

Please select the clinic(s) in which you provide care for patients with SCD (sickle cell disease) (Check all that apply)
{[s1f5qa2] checkbox}
{Branching logic (show if): [event-name] = 'baseline_arm_1'}

- ☐ {1} St. Jude Children's Research Hospital
- ☐ {2} Methodist University Hospital
- ☐ {3} Baptist Health Care
- ☐ {4} Duke Adult Sickle Cell Clinic
- ☐ {23} Duke Pediatric Sickle Cell Clinic
- ☐ {5} UI Hospital & Health Sciences System, Sickle Cell Center
- ☐ {6} UI Hospital & Health Sciences System, Pediatric Department
- ☐ {7} OSF Healthcare/Children's Hospital of Illinois
- ☐ {8} Sinai Health System
- ☐ {9} Lawndale Christian Health Center
- ☐ {10} UCSF Benioff Children's Hospital Oakland
- ☐ {11} UC Davis
- ☐ {12} Mount Sinai Hospital
- ☐ {13} St. Louis Children's Hospital Pediatric
- ☐ {14} Barnes Jewish Hospital Hematology
- ☐ {15} Christian Hospital Northeast-Hematology
- ☐ {16} Augusta University Adult Center for Blood Disorders
- ☐ {17} AU Pediatric Hem/Onc
- ☐ {18} AU Macon Outreach Clinic
- ☐ {19} AU Sylvester Outreach Clinic
- ☐ {20} AU Savannah Outreach Clinic
- ☐ {21} MUSC Adult Sickle Cell Clinic
- ☐ {22} MUSC Pediatric Sickle Cell Clinic

Please specify other clinic 1
{[s1f5qa2b] text}
{Branching logic (show if): [s1f5qa2(23)] =1}

_____

Please specify other clinic 2
{[s1f5qa2c] text}
{Branching logic (show if): [s1f5qa2(23)] =1 and [s1f5qa2b] ""}

_____

Please specify other clinic 3
{[s1f5qa2d] text}
{Branching logic (show if): [s1f5qa2(23)] =1 and [s1f5qa2c] ""}

_____

EXPERIENCES PROVIDING CARE TO PATIENTS WITH SICKLE CELL DISEASE (SCD)

1. How many patients with SCD (all sickle genotypes) would you estimate currently receive regular care from you? (Enter a number)
{[s1f5qb1] text integer}

_____
(number)

2. Do you have any specific training for SCD? (Check all that apply)
{[s1f5qb2] checkbox}

- ☐ {1} Fellowship training
- ☐ {2} Residency training
- ☐ {3} Attended special course
- ☐ {4} Attended online training
- ☐ {5} Learned "on the job"
- ☐ {6} Other

Specify other
{[s1f5qb2a] text}
{Branching logic (show if): [s1f5qb2(6)]= 1}

_____

3. Please estimate the percentage of your patients with SCD you are currently managing with hydroxyurea.
{[s1f5qb3] radio}

- ○ {1} < 25%
- ○ {2} 25-50%
- ○ {3} 51-75%
- ○ {4} 76-100%
- ○ {5} I do not manage any patients with hydroxyurea therapy for SCD
- ○ {97} I don't know

4. Are you aware that the National Heart, Lung, and Blood Institute (NHLBI) published guidelines on Primary Care Management for SCD?
{[s1f5qb4] radio}

- ○ {1} Yes
- ○ {0} No

5. Have you read the NHLBI guidelines for care of SCD patients?
{[s1f5qb5] yesno}

- ○ Yes
- ○ No

6. Indicate the number of episodes of acute chest syndrome required to initiate treatment with hydroxyurea:
{[s1f5qb6] radio}

- ○ {0} 0
- ○ {1} 1
- ○ {2} 2
- ○ {3} 3
- ○ {4} 4
- ○ {5} 5+
- ○ {99} I don't know

7. Please indicate your level of agreement with the following statements regarding taking care of persons with SCD.

	{1} Strongly disagree	{2} Disagree	{3} Agree	{4} Strongly agree	{99} Don't know	{97} Rather not provide
a. I have the knowledge to provide care for a person with SCD. {[s1f5qb7a] radio}	○	○	○	○	○	○

b. I have the training to deliver care to a person with SCD. {[s1f5qb7b] radio}	○	○	○	○	○	○
c. I have the administrative support I need to treat patients with SCD. {[s1f5qb7c] radio}	○	○	○	○	○	○
d. I have access to medications I need to treat individuals with SCD. {[s1f5qb7d] radio}	○	○	○	○	○	○

8. What do you consider to be the best sources of information about SCD and SCD treatment, including hydroxyurea? Rank the items below in order of importance:

	{1} Most important 1	{2} 2	{3} 3	{4} 4	{5} 5	{6} Least important 6
a. Textbooks {[s1f5qb8a_a] radio}	○	○	○	○	○	○
b. Peers {[s1f5qb8a_b] radio}	○	○	○	○	○	○
c. Scientific articles {[s1f5qb8a_c] radio}	○	○	○	○	○	○
d. Online videos (e.g., YouTube) {[s1f5qb8a_d] radio}	○	○	○	○	○	○
e. NHLBI guidelines {[s1f5qb8a_e] radio}	○	○	○	○	○	○
f. Other society guidelines {[s1f5qb8a_f] radio}	○	○	○	○	○	○

HYDROXYUREA SELF EFFICACY

9. Which of the following CRITERIA do you use to place patients with SCD on hydroxyurea therapy? (Check all that apply)
{[s1f5qb9] checkbox}

- ☐ {1} Episodes of acute chest syndrome
- ☐ {2} At least three painful episodes/year requiring hospitalization
- ☐ {3} At least three painful episodes/year at home
- ☐ {4} Chronic pain requiring excessive or frequent opioid use
- ☐ {5} Stroke history
- ☐ {6} Renal failure
- ☐ {7} Priapism
- ☐ {8} Low hemoglobin F levels
- ☐ {9} Pulmonary hypertension
- ☐ {10} Symptomatic severe anemia
- ☐ {11} Elevated white cell count without evidence of infection
- ☐ {12} Leg ulcers
- ☐ {13} Patient or family request
- ☐ {14} Presence of hypoxemia
- ☐ {15} I rely on recommendations from a specialist
- ☐ {16} I do not prescribe hydroxyurea
- ☐ {17} Other

9b. Specify other
{[s1f5qb9b] text}
{Branching logic (show if): [s1f5qb9(17)] = 1}

_____

10. What is your comfort level in managing hydroxyurea as a disease modifying therapy for SCD? {[s1f5qb10] radio}	◯ {1} Very uncomfortable ◯ {2} Somewhat uncomfortable ◯ {3} Neither comfortable nor uncomfortable ◯ {4} Somewhat comfortable ◯ {5} Very comfortable ◯ {99} I don't know
11. How effective do you think hydroxyurea is for preventing painful events in people with SCD? {[s1f5qb11] radio}	◯ {1} Very effective ◯ {2} Somewhat effective ◯ {3} Effective ◯ {4} Not effective ◯ {99} I don't know
12. How many hours of CME have you completed related to hydroxyurea prescribing for patients with SCD in the past 3 years? {[s1f5qb12] text integer}	_____ (Enter a number)
{[s1f5qb12b] checkbox} {Branching logic (show if): [s1f5qb12] = ""}	☐ {99} I don't know
13. How often should hydroxyurea be taken by individuals with SCD? {[s1f5qb13] radio}	◯ {1} Once daily ◯ {2} Twice daily ◯ {3} Three times daily ◯ {4} Every other day ◯ {5} Once a week ◯ {99} I don't know
14. What is the NHLBI recommended initial daily dosing of hydroxyurea for individuals with SCD? {[s1f5qb14] radio}	◯ {1} 0.5 mg/kg/day ◯ {2} 1 mg/kg/day ◯ {3} 20 mg/kg/day ◯ {4} 50 mg/kg/day ◯ {5} 100 mg/kg/day ◯ {99} I don't know
15. In which scenario below should hydroxyurea be held due to drug toxicity? {[s1f5qb15] radio}	◯ {1} Hb 5 g/dL, Absolute neutrophil count 4500/mm^3, Absolute reticulocyte count 20 x 10^6/mm^3, and platelets 250 x 10^3/mm^3 ◯ {2} Hb 7 g/dL, Absolute neutrophil count 4500/mm^3, Absolute reticulocyte count 200 x 10^6/mm^3, and platelets 250 x 10^3/mm^3 ◯ {3} Hb 9 g/dL, Absolute neutrophil count 4000/mm^3, Absolute reticulocyte count 130 x 10^6/mm^3, and platelets 250 x 10^3/mm^3 ◯ {4} Hb 9 g/dL, Absolute neutrophil count 4500/mm^3, Absolute reticulocyte count 120 x 10^6/mm^3, and platelets 250 x 10^3/mm^3 ◯ {5} Hb 9 g/dL, Absolute neutrophil count 4500/mm^3, Absolute reticulocyte count 120 x 10^6/mm^3, and platelets 150 x 10^3/mm^3 ◯ {99} I don't know
16. In which scenario below should hydroxyurea be held due to drug toxicity? {[s1f5qb16] radio}	◯ {1} Platelets 70 x 10^3/mm^3 ◯ {2} Platelets 150 x 10^3/mm^3 ◯ {3} Platelets 250 x 10^3/mm^3 ◯ {4} Platelets 350 x 10^3/mm^3 ◯ {5} Platelets 450 x 10^3/mm^3 ◯ {99} I don't know

17. In which scenario below should hydroxyurea be held due to toxicity?
{[s1f5qb17] radio}

○ {1} Absolute neutrophil count 800/mm^3
○ {2} Absolute neutrophil count 3000/mm^3
○ {3} Absolute neutrophil count 3500/mm^3
○ {4} Absolute neutrophil count 4000/mm^3
○ {5} Absolute neutrophil count 4500/mm^3
○ {99} I don't know

MOBILE APPLICATION RATING SCALE

HU Toolbox App Quality Ratings

The Rating scale assesses the HU Toolbox App quality on four dimensions. All items are rated on a 5-point scale from "1. Inadequate" to "5. Excellent". Indicate the number that most accurately represents the quality of the app component you are rating. Please use the descriptors provided for each response category.
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

Engagement - fun, interesting, customizable, interactive (e.g., sends alerts, messages, reminders, feedback, enables sharing), well-targeted to audience

1. Entertainment: Is the app fun/entertaining to use? Does it use any strategies to increase engagement through entertainment (e.g., through gamification)?
{[s1f5qc1] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} 1 - Dull, not fun or entertaining at all
○ {2} 2 - Mostly boring
○ {3} 3 - OK, fun enough to entertain user for a brief time (< 5 minutes)
○ {4} 4 - Moderately fun and entertaining, would entertain user for some time (5-10 minutes total)
○ {5} 5 - Highly entertaining and fun, would stimulate repeat use

2. Interest: Is the app interesting to use? Does it use any strategies to increase engagement by presenting its content in an interesting way?
{[s1f5qc2] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} 1 - Not interesting at all
○ {2} 2 - Mostly uninteresting
○ {3} 3 - OK, neither interesting nor uninteresting; would engage user for a brief time (< 5 minutes)
○ {4} 4 - Moderately interesting; would engage user for some time (5-10 minutes total)
○ {5} 5 - Very interesting, would engage user in repeat use

3. Customization: Does it provide/retain all necessary settings/preferences for app features (e.g., sound, content, notifications, etc.)?
{[s1f5qc3] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} 1 - Does not allow any customization or requires setting to be input every time
○ {2} 2 - Allows insufficient customization limiting functions
○ {3} 3 - Allows basic customization to function adequately
○ {4} 4 - Allows numerous options for customization
○ {5} 5 - Allows complete tailoring to the individual's characteristics/preferences, retains all settings

4. Interactivity: Does it allow user input, provide feedback, contain prompts (reminders, sharing options, notifications, etc.)?
{[s1f5qc4] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} 1 - No interactive features and/or no response to user input
○ {2} 2 - Insufficient interactivity, or feedback, or user input options, limiting functions
○ {3} 3 - Basic interactive features to function adequately
○ {4} 4 - Offers a variety of interactive features/feedback/user input options
○ {5} 5 - Very high level of responsiveness through interactive features/feedback/user input options

5. Target group: Is the app content (visual information, language, design) appropriate for your target audience?
{[s1f5qc5] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} 1 - Completely inappropriate/unclear/confusing
○ {2} 2 - Mostly inappropriate/unclear/confusing
○ {3} 3 - Acceptable but not targeted. May be inappropriate/unclear/confusing
○ {4} 4 - Well-targeted, with negligible issues
○ {5} 5 - Perfectly targeted, no issues found

Functionality - app functioning, easy to learn, navigation, flow logic, and gestural design of app

6. Performance: How accurately/fast do the app features (functions) and components (buttons/menus) work?
{[s1f5qc6] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} 1 - App is broken; no/insufficient/inaccurate response (e.g., crashes/bugs/broken features, etc.)
○ {2} 2 - Some functions work, but lagging or contains major technical problems
○ {3} 3 - App works overall. Some technical problems need fixing/Slow at times
○ {4} 4 - Mostly functional with minor/negligible problems
○ {5} 5 - Perfect/timely response; no technical bugs found/contains a 'loading time left' indicator

7. Ease of use: How easy is it to learn how to use the app; how clear are the menu labels/icons and instructions?
{[s1f5qc7] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} 1 - No/limited instructions; menu labels/icons are confusing; complicated
○ {2} 2 - Usable after a lot of time/effort
○ {3} 3 - Usable after some time/effort
○ {4} 4 - Easy to learn how to use the app (or has clear instructions)
○ {5} 5 - Able to use app immediately; intuitive; simple

8. Navigation: Is moving between screens logical/accurate/appropriate/uninterrupted; are all necessary screen links present?
{[s1f5qc8] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} 1 - Different sections within the app seem logically disconnected and random/confusing/navigation is difficult
○ {2} 2 - Usable after a lot of time/effort
○ {3} 3 - Usable after some time/effort
○ {4} 4 - Easy to use or missing a negligible link
○ {5} 5 - Perfectly logical, easy, clear and intuitive screen flow throughout, or offers shortcuts

9. Gestural design: Are interactions (taps/swipes/pinches/scrolls) consistent and intuitive across all components/screens?
{[s1f5qc9] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} 1 - Completely inconsistent/confusing
○ {2} 2 - Often inconsistent/confusing
○ {3} 3 - OK with some inconsistencies/confusing elements
○ {4} 4 - Mostly consistent/intuitive with negligible problems
○ {5} 5 - Perfectly consistent and intuitive

Aesthetics - graphic design, overall visual appeal, color scheme, and stylistic consistency

10. Layout: Is arrangement and size of buttons/icons/menus/content on the screen appropriate or zoomable if needed?
{[s1f5qc10] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} 1 - Very bad design, cluttered, some options impossible to select/locate/see/read device display not optimized
○ {2} 2 - Bad design, random, unclear, some options difficult to select/locate/see/read
○ {3} 3 - Satisfactory, few problems with selecting/locating/seeing/reading items or with minor screen-size problems
○ {4} 4 - Mostly clear, able to select/locate/see/read items
○ {5} 5 - Professional, simple, clear, orderly, logically organized, device display optimized. Every design component has a purpose

11. Graphics: How high is the quality/resolution of graphics used for buttons/icons/menus/content?
{[s1f5qc11] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} 1 - Graphics appear amateur, very poor visual design - disproportionate, completely stylistically inconsistent
○ {2} 2 - Low quality/low resolution graphics; low quality visual design - disproportionate, stylistically inconsistent
○ {3} 3 - Moderate quality graphics and visual design (generally consistent in style)
○ {4} 4 - High quality/resolution graphics and visual design - mostly proportionate, stylistically consistent
○ {5} 5 - Very high quality/resolution graphics and visual design - proportionate, stylistically consistent throughout

12. Visual appeal: How good does the app look?
{[s1f5qc12] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} 1 - No visual appeal, unpleasant to look at, poorly designed, clashing/mismatched colors
○ {2} 2 - Little visual appeal - poorly designed, bad use of color, visually boring
○ {3} 3 - Some visual appeal - average, neither pleasant, nor unpleasant
○ {4} 4 - High level of visual appeal - seamless graphics-consistent and professionally designed
○ {5} 5 - As above + very attractive, memorable, stands out; use of color enhances app features/menus

Information - Contains high quality information (e.g., text, feedback, measures, references) from a credible source. Select N/A if the app component is irrelevant.

13. Accuracy of app description (in app store): Does app contain what is described?
{[s1f5qc13] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} 1 - Misleading. App does not contain the described components/functions. Or has no description
○ {2} 2 - Inaccurate. App contains very few of the described components/functions
○ {3} 3 - OK. App contains some of the described components/functions
○ {4} 4 - Accurate. App contains most of the described components/functions
○ {5} 5 - Highly accurate description of the app components/functions

14. Goals: Does app have specific, measurable and achievable goals (specified in app store description or within the app itself)?
{[s1f5qc14] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {96} N/A - Description does not list goals, or app goals are irrelevant to research goal (e.g., using a game for educational purposes)
○ {1} 1 - App has no chance of achieving its stated goals
○ {2} 2 - Description lists some goals, but app has very little chance of achieving them
○ {3} 3 - OK. App has clear goals, which may be achievable
○ {4} 4 - App has clearly specified goals, which are measurable and achievable
○ {5} 5 - App has specific and measurable goals, which are highly likely to be achieved

15. Quality of information: Is app content correct, well written, and relevant to the goal/topic of the app?
{[s1f5qc15] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {96} N/A - There is no information within the app
○ {1} 1 - Irrelevant/inappropriate/incoherent/incorrect
○ {2} 2 - Poor. Barely relevant/appropriate/coherent/may be incorrect
○ {3} 3 - Moderately relevant/appropriate/coherent/and appears correct
○ {4} 4 - Relevant/appropriate/coherent/correct
○ {5} 5 - Highly relevant, appropriate, coherent, and correct

16. Quantity of information: Is the extent coverage within the scope of the app; and comprehensive but concise?
{[s1f5qc16] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {96} N/A - There is no information within the app
○ {1} 1 - Minimal or overwhelming
○ {2} 2 - Insufficient or possibly overwhelming
○ {3} 3 - OK but not comprehensive or concise
○ {4} 4 - Offers a broad range of information, has some gaps or unnecessary detail; or has no links to more information and resources
○ {5} 5 - Comprehensive and concise; contains links to more information and resources

17. Visual information: Is visual explanation of concepts - through charts/graphs/images/videos, etc. - clear, logical, correct?
{[s1f5qc17] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {96} N/A - There is no visual information within the app (e.g., it only contains audio, or text)
○ {1} 1 - Completely unclear/confusing/wrong or necessary but missing
○ {2} 2 - Mostly unclear/confusing/wrong
○ {3} 3 - OK but often unclear/confusing/wrong
○ {4} 4 - Mostly clear/logical/correct with negligible issues
○ {5} 5 - Perfectly clear/logical/correct

18. Credibility: Does the app come from a legitimate source (specified in app store description or within the app itself)?
{[s1f5qc18] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} 1 - Source identified but legitimacy/trustworthiness of source is questionable (e.g., commercial business with vested interest)
○ {2} 2 - Appears to come from a legitimate source, but it cannot be verified (e.g., has no webpage)
○ {3} 3 - Developed by small NGO/institution (hospital/center, etc.)/specialized commercial business, funding body
○ {4} 4 - Developed by government, university or as above but larger in scale
○ {5} 5 - Developed using nationally competitive government or research funding (e.g., Australian Research Council, NHMRC)

19. Evidence base: Has the app been trialed/tested; must be verified by evidence (in published scientific literature)?
{[s1f5qc19] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {96} N/A - The app has not been trialed/tested
○ {1} 1 - The evidence suggests the app does not work
○ {2} 2 - App has been trialed (e.g., acceptability, usability, satisfaction ratings) and has partially positive outcomes in studies that are not randomized controlled trials (RCTs), or there is little or no contradictory evidence.
○ {3} 3 - App has been trialed (e.g., acceptability, usability, satisfaction ratings) and has positive outcomes in studies that are not RCTs, and there is no contradictory evidence.
○ {4} 4 - App has been trialed and outcome tested in 1-2 RCTs indicating positive results
○ {5} 5 - App has been trialed and outcome tested in > 3 high quality RCTs indicating positive results

APP SUBJECTIVE QUALITY

20. Would you recommend this app to providers who might benefit from it?
{[s1f5qc20] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} 1 - Not at all - I would not recommend this app to anyone
○ {2} 2 -   There are very few providers I would recommend this app to
○ {3} 3 - Maybe - There are several providers whom I would recommend it to
○ {4} 4 -   There are many providers I would recommend this app to
○ {5} 5 - Definitely - I would recommend this app to everyone

21. How many times do you think you would use this app in the next 12 months if it was relevant to you?
{[s1f5qc21] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} None
○ {2} 1-2
○ {3} 3-10
○ {4} 10-50
○ {5} > 50

22. Would you pay for this app?
{[s1f5qc22] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} No
○ {3} Maybe
○ {5} Yes

23. What is your overall star rating of the app?
{[s1f5qc23] radio}
{Branching logic (show if): [event-name] = '36_weeks_arm_1'}

○ {1} 1 - ★ One of the worst apps I've used
○ {2} 2 - ★★
○ {3} 3 - ★★★ Average
○ {4} 4 - ★★★★
○ {5} 5 - ★★★★★ One of the best apps I've used

	{1} Strongly disagree 1	{2} 2	{3} 3	{4} 4	{5} Strongly Agree 5
24. Awareness: This app is likely to increase awareness of the importance of addressing provider lack of knowledge of hydroxyurea {[s1f5qc24] radio} {Branching logic (show if): [event-name] = '36_weeks_arm_1'}	○	○	○	○	○
25. Knowledge: This app is likely to increase knowledge/understanding of hydroxyurea {[s1f5qc25] radio} {Branching logic (show if): [event-name] = '36_weeks_arm_1'}	○	○	○	○	○
26. Attitudes: This app is likely to change attitudes toward prescribing of hydroxyurea {[s1f5qc26] radio} {Branching logic (show if): [event-name] = '36_weeks_arm_1'}	○	○	○	○	○
27. Intention to change: This app is likely to increase intentions/motivation to address prescribing hydroxyurea {[s1f5qc27] radio} {Branching logic (show if): [event-name] = '36_weeks_arm_1'}	○	○	○	○	○
28. Behavior change: Use of this app is likely to increase prescribing of hydroxyurea {[s1f5qc28] radio} {Branching logic (show if): [event-name] = '36_weeks_arm_1'}	○	○	○	○	○

DEMOGRAPHICS (collected only at Baseline)
Please tell us about yourself.

1. What is your age?
{[s1f5qd1] text integer}
{Branching logic (show if): [event-name] =
'baseline_arm_1'}

_____
(Years)

---

2. Do you consider yourself Hispanic or Latino?
{[s1f5qd2] yesno}
{Branching logic (show if): [event-name] =
'baseline_arm_1'}

○ Yes
○ No

---

3. What race do you consider yourself to be? You can
pick more than one.
{[s1f5qd3] checkbox}
{Branching logic (show if): [event-name] =
'baseline_arm_1'}

☐ {1} American Indian or Alaska Native
☐ {2} Asian
☐ {3} Black or African American
☐ {4} Native Hawaiian or Pacific Islander
☐ {5} White

---

4. What is your current gender identity? (Check all that apply)
{[s1f5qd4] checkbox}
{Branching logic (show if): [event-name] = 'baseline_arm_1'}

☐ {1} Male
☐ {2} Female
☐ {3} Female-to-male (FTM)/transgender male/trans man
☐ {4} Male-to-female (MTF)/transgender female/trans woman
☐ {5} Genderqueer, neither exclusively male nor female
☐ {6} Additional gender category/(or other), please specify:
☐ {97} Prefer not to respond

4b. Please specify other gender category
{[s1f5qd4b] text}
{Branching logic (show if): [s1f5qd4(6)] = 1 and
[event-name] = 'baseline_arm_1'}

_____

---

5. What sex were you assigned at birth on your
original birth certificate? (Check one)
{[s1f5qd5] radio}
{Branching logic (show if): [event-name] =
'baseline_arm_1'}

○ {1} Male
○ {2} Female
○ {3} Prefer not to respond

---

6. Please mark the role/profession you play related to
the treatment of sickle cell patients:
{[s1f5qd6] radio}
{Branching logic (show if): [event-name] =
'baseline_arm_1'}

○ {1} Physician (MD, DO, etc.)
○ {2} Physician's Assistant
○ {3} Nurse Practitioner
○ {4} Licensed Practical Nurse
○ {5} Other

6b. If "Other" professional training, please specify:

{[s1f5qd6b] text}
{Branching logic (show if): [s1f5qd6] = 5 and
[event-name] = 'baseline_arm_1'}

_____

---

7. How many years have you been in clinical practice?

{[s1f5qd7] text integer}
{Branching logic (show if): [event-name] =
'baseline_arm_1'}

_____
(Years)

---

8. Which of the following descriptions best characterizes your comfort and expertise in caring for patients with SCD?
{[s1f5qd8] radio}
{Branching logic (show if): [event-name] = 'baseline_arm_1'}

○ {1} I am a primary care provider or hematologist/oncologist; I do not seek SCD patients in my practice; I do not prescribe hydroxyurea for SCD patients; I do not feel comfortable with SCD management.
○ {2} I am a PCP or hematologist/oncologist willing to care for SCD patients; I am willing to learn to prescribe hydroxyurea; I am unfamiliar or unaware of evidence-based prescribing for SCD; I frequently refer to our consult SCD experts.
○ {3} I am a PCP or hematologist/oncologist; I accept and try to attract SCD patients in my practice; I feel comfortable prescribing hydroxyurea; I am aware of evidence-based prescribing for SCD; I care for 25 or fewer SCD patients.
○ {4} I am a PCP or hematologist/oncologist; I accept and try to attract SCD patients; I prescribe and care for greater than 25 SCD patients; I am often sought for SCD management decisions by other providers; I am usually at an academic medical center.

9. What is your specialty area of practice? (Check all that apply)
{[s1f5qd9] checkbox}
{Branching logic (show if): [event-name] = 'baseline_arm_1'}

☐ {1} Internal Medicine
☐ {2} Pediatrics
☐ {3} Family Medicine
☐ {4} Med-Peds
☐ {5} OB/GYN
☐ {6} Hematology/Including SCD
☐ {7} Hematology/Not including SCD
☐ {8} Emergency Medicine
☐ {9} Other specialty area (specify)

9b. Specify other
{[s1f5qd9b] text}
{Branching logic (show if): [s1f5qd9(9)] = 1 and [event-name] = 'baseline_arm_1'}

_____

10. What is the age range of the patients you care for? (Check all that apply)
{[s1f5qd10] checkbox}
{Branching logic (show if): [event-name] = 'baseline_arm_1'}

☐ {1} Birth to 18 years
☐ {2} 19 to 24 years
☐ {3} 25 years and older

Provider Protocol Deviation Form

This form is completed for any events performed outside the study guidelines outlined in the protocol. One protocol deviation form should be completed for each and every protocol deviation.

1. Date of protocol deviation:
{[s1f2q01] text date_mdy}

_____

2. Choose the applicable visit for this protocol deviation.
{[s1f2q02] radio}

○ {1} Baseline
○ {2} Week 36 Visit (Study Exit)
○ {3} Post Study (Week 48)

3. Type of protocol deviation:
{[s1f2q03] dropdown}

○ {1} Visit Missed
○ {2} Visit Out-of-Window
○ {3} Visit/Assessment Incomplete (includes form not being complete)
○ {4} Informed Consent
○ {5} Eligibility
○ {6} Study Procedure/Assessment
○ {7} Other
(Choose one.)

3a. If 'Other', please specify:
{[s1f2q03a] text}
{Branching logic (show if): [s1f2q03] = 7}

_____

4. Does the site's IRB require this deviation to be reported to them?
{[s1f2q04] yesno}

○ Yes
○ No

5. Circumstances of the protocol deviation (if deviation is incomplete or missed assessments/visits then state visit/assessment for which the deviation occurred):
{[s1f2q05] textarea}

_____

Provider Final Status Form

Complete this form for all subjects enrolled in the study to document the final status of each provider.

1. Date of final status (last time provider completed study assessment or provided study data):
{[s1f3q01] text date_mdy}

_____

2. Final Status:
{[s1f3q02] radio}

◯ {1} Completed study per protocol (i.e., all study visits and study assessments were completed)
◯ {2} Ineligible (data will be destroyed)
◯ {3} Lost to follow-up
◯ {4} Withdrew from study
◯ {5} Death

2a. If 'Ineligible' or 'Withdrew from study', provide reason:
{[s1f3q02a] text}
{Branching logic (show if): [s1f3q02] = 2 or [s1f3q02] = 4}

_____

2b. If 'Lost to follow-up', provide date determination was made to no longer attempt to contact:
{[s1f3q02b] text date_mdy}
{Branching logic (show if): [s1f3q02] = 3}

_____

2c. If 'Death', provide date last known alive OR date of death:
{[s1f3q02c] text date_mdy}
{Branching logic (show if): [s1f3q02] = 5}

_____

3. Additional Comments (if applicable):
{[s1f3q03] text}

_____