

PEDIATRIC HYDROXYUREA CLINICAL TRIAL
HISTORY AND PHYSICAL EXAMINATION AT ENTRY

BABY HUG Form 06
Rev 1 02/19/04
Page 1 of 3

PART I: IDENTIFYING INFORMATION

1. Patient's ID Number: ID 2. Current Clinic: SITE
3. Patient's Letter Code: INITS 4. Visit: M VISIT - sequence # SEQNO
5. Form Completed Date: - - VIS_DT
Month Day Year

PART II: MEDICAL HISTORY

1. Sickle cell diagnosis **SCDIAG**
- | | | | | |
|---------------|-----|--|--|--|
| SS | (1) | | | |
| S-beta-0 Thal | (2) | | | |
2. Gestational age at birth **GEST_AGE** weeks (1) N/A **GESTAGNA**
3. Please indicate the number of episodes the child has had since birth
- | | | | | |
|--|---|------------|-----|-----------------|
| A. Hospitalization(s) HOSPBL | <input type="text"/> <input type="text"/> | (1) | N/A | HOSP_NA |
| 1. For fever FEVERBL | <input type="text"/> <input type="text"/> | (1) | N/A | FEVER_NA |
| B. Dactylitis DACTBL | <input type="text"/> <input type="text"/> | (1) | N/A | DACTBLNA |
| 1. Age of first dactylitis AGEDACT | <input type="text"/> <input type="text"/> | months (1) | N/A | AGEDACNA |
| C. Pain PAINBL | <input type="text"/> <input type="text"/> | (1) | N/A | PAINBLNA |
| D. Acute chest syndrome ASCBL | <input type="text"/> <input type="text"/> | (1) | N/A | ASCBL_NA |
| E. Priapism PRIAPBL | <input type="text"/> <input type="text"/> | (1) | N/A | PRIAPNA |
| F. Splenic sequestration SPLSEQBL | <input type="text"/> <input type="text"/> | (1) | N/A | SPLSEQNA |
| G. Transfusion TRNSFBL | <input type="text"/> <input type="text"/> | (1) | N/A | TRNS_NA |
| H. Bacteremia/sepsis other than meningitis SEPSISBL | <input type="text"/> <input type="text"/> | (1) | N/A | SEPSISNA |
| I. Meningitis MENINBL | <input type="text"/> <input type="text"/> | (1) | N/A | MENIN_NA |
| J. Aplastic crisis APLCRBL | <input type="text"/> <input type="text"/> | (1) | N/A | APLCR_NA |
| K. Transient ischemic attack TIABL | <input type="text"/> <input type="text"/> | (1) | N/A | TIABL_NA |
| L. Seizures (non-febrile) SEIZNFBL | <input type="text"/> <input type="text"/> | (1) | N/A | SEIZNFNA |
| M. Seizures (febrile) SEIZFBBL | <input type="text"/> <input type="text"/> | (1) | N/A | SEIZFBNA |
| N. Osteomyelitis OSTEOMBL | <input type="text"/> <input type="text"/> | (1) | N/A | OSTEOMNA |

PART III: MEDICAL EXAMINATION

1. Spleen (00 if not palpable):
- A. Midclavicular line cm **SPLNMDCL**
- B. Anterior axillary line cm **SPLNINTC**
2. Liver (00 if not palpable): cm **LIVRCMBL**
3. Child's recumbent length:
- A. Measurement #1 . cm **HEIGHT1**
- B. Measurement #2 . cm **HEIGHT2**
- C. Measurement #3 . cm **HEIGHT3**
 (If #1 and #2 differ by more than 0.5 cm)
Average height = HEIGHT
- D. Rate hair style interference on child's length **HAIRHGHT**
- None (1)
- Some (2)
- Not noted (3)
4. Child's weight:
- A. Measurement #1 . kg **WEIGHT1**
- B. Measurement #2 . kg **WEIGHT2**
- C. Measurement #3 . kg **WEIGHT3**
 (If #1 and #2 differ by more than 0.2 kg)
Average weight = WEIGHT
5. Child's head circumference:
- A. Measurement #1 . cm **HEADC1**
- B. Measurement #2 . cm **HEADC2**
- C. Measurement #3 . cm **HEADC3**
 (If #1 and #2 differ by more than 0.4 cm)
Average head circumference = HEADC
- D. Rate hair style interference on child's head circumference? **HAIR**
- None (1)
- Some (2)
- Not noted (3)
6. Anthropometry measurement date: - - **MSRMT_DT**
- Month Day Year
- ID Number Visit Seq
- -

PART IV. COORDINATION:

1. Checked for completeness and accuracy:

A. Certification number:

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CERT_NO

B. Signature: _____

CERT_SIG

C. General Comments: _____

GEN_CMNT

ID Number

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Visit

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Seq

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