

Comprehensive Sickle Cell Centers	Medical History Form IIA Patient Interview	Pages: 1 - 3
Collaborative Data Project	Date of Interview: <input type="text" value="MD2A:COMPDA"/> / <input type="text" value="MD2A:COMPMD"/> / <input type="text" value="MD2A:COMPYR"/> DD MMM YYYY Form Completed <input type="text" value="MD2A:COMPINT"/> by:	CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

Was this interview conducted in person or by phone? (MD2A:INTVW) In person (MD2A:INTVW) By phone

1. **Which of the following racial groups do you consider yourself a part of?** (MD2A:INDIAN) American Indian/Alaska Native
(check all that apply)
- (MD2A:ASIAN) Asian
- (MD2A:BLACK) Black or African-American
- (MD2A:HAWA) Native Hawaiian or other Pacific Islander
- (MD2A:WHITE) White
- (MD2A:RACOTH) Other, specify

2. **What is your ethnicity?** Are you: (MD2A:ETHNIC) Hispanic or Latino, or
 (MD2A:ETHNIC) Not Hispanic or Latino

3a. **How many siblings do you have?**

Of the siblings who share both your biological mother and father:

3b. How many have SCD?

3c. How many do not have SCD?

4. **What is your current employment status?** Are you: (MD2A:EMPLOY) Full Time,
 (MD2A:EMPLOY) Part Time, or
 (MD2A:EMPLOY) Not Employed

5. **What is your current student status?** Are you: (MD2A:STUSTAT) Full Time,
 (MD2A:STUSTAT) Part Time, or
 (MD2A:STUSTAT) Not a Student
6. **What is the highest grade of school you have completed, or how many years of college have you completed?** (Enter 0 for pre-school or less, K for kindergarten, 1-12, 13 = 1 year college, 14 = 2 years college, etc.)
7. **What is the number of individuals (19 years of age and up) in your household?**
8. **What is the number of individuals (under 19 years of age) in your household?**
9. **What type of health insurance do you have? (check all that apply)**
 (MD2A:PRIVATE) Private (MD2A:MEDICAR) Medicare (MD2A:MEDICAL) Medicaid (MD2A:NONEINS) None (MD2A:OTHINS) Other
- 10a. **In the last 5 years, have you received sickle cell-related healthcare from any other center or institution?**
 (MD2A:SCHLTH) Yes (MD2A:SCHLTH) No (MD2A:SCHLTH) Unknown
- 10b. *[If yes] Where?* **How many times?**
- | | |
|---|---|
| <input type="text" value="MD2A:SCWHER1"/> | <input type="text" value="MD2A:SCTIME1"/> |
| <input type="text" value="MD2A:SCWHER2"/> | <input type="text" value="MD2A:SCTIME2"/> |
| <input type="text" value="MD2A:SCWHER3"/> | <input type="text" value="MD2A:SCTIME3"/> |
- 11a. **Have you ever received a transfusion?** (MD2A:TRANS) Yes (MD2A:TRANS) No (MD2A:TRANS) Unknown
- 11b. *[If yes] How many transfusions?* (MD2A:TRANNO) 1-5 (MD2A:TRANNO) 6-20 (MD2A:TRANNO) 21-99 (MD2A:TRANNO) 100+
- 12a. **In the past year, have you ever had a headache?** (MD2A:HEADACH) Yes (MD2A:HEADACH) No (MD2A:HEADACH) Unknown
- 12b. *[If yes] How many headaches have you had?*
- 12c. How many of these headaches occurred while you had sickle pain? Put 0 for none
- 12d. How many of these headaches were not associated with sickle pain, fever/illness or alcohol? Put 0 for none

13a. **Have you ever gone to a doctor's office, a day hospital, an emergency department, acute day clinic, or other clinic for unscheduled visits because of pain due to Sickle Cell Disease?**

(MD2A:PAINVIS) Yes (MD2A:PAINVIS) No (MD2A:PAINVIS) Unknown

13b. *[If yes]* How many times? (MD2A:PAINNO) 1-5 (MD2A:PAINNO) 6-20 (MD2A:PAINNO) 21-99 (MD2A:PAINNO) 100+

14. **In the past year, how many times have you come to the doctor's office, the day hospital, Emergency Department, acute day clinic, or other clinic for unscheduled visits because of pain due to Sickle Cell Disease?** *Put 0 for none*

15. **In the past year, how many days of work or school have you missed due to your Sickle Cell Disease?** *Put 0 for none*

16. **In the past year, what was the total number of painful episodes due to Sickle Cell Disease for which you were treated solely at home?** *Put 0 for none*

PI/SC Signature: (MD2A:PICHECK) Date: / /
DD MMM YYYY

[Form Completion Help](#)

<p align="center">Comprehensive Sickle Cell Centers</p>	<p align="center">Medical History Form IIA Patient Interview</p>	<p align="center">Page: 3</p>
<p align="center">Collaborative Data Project</p>	<p>Date of Interview: {COMPDT} Form Completed by: {COMPINT}</p>	<p>CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}</p>

For Female Patients: (PREG:FPATNA) NA (for males and females not of child-bearing potential)

17. **Are you currently pregnant?** (PREG:CURPREG) Yes (PREG:CURPREG) No (PREG:CURPREG) Unknown

18a. **Have you ever been pregnant (exclude current pregnancy if applicable)?** (PREG: EVPREG) Yes (PREG: EVPREG) No (PREG: EVPREG) Unknown

[If yes] How many previous pregnancies have resulted in: (number)

- | | | |
|---|---|--|
| 18b. <input type="text" value="PREG:FULLB"/> Full term births | 18c. <input type="text" value="PREG:MISSCAR"/> Miscarriages (spontaneous abortions) | 18d. <input type="text" value="PREG:LIVEB"/> Live Births |
| 18e. <input type="text" value="PREG:PREMB"/> Premature births | 18f. <input type="text" value="PREG:ABORT"/> Abortions (elective) | 18g. <input type="text" value="PREG:MULTB"/> Multiple Births |
| 18h. <input type="text" value="PREG:LIVEC"/> Live children at present | | |

[If 18g is a number other than "0"] Record the type of multiple birth for each (i.e., "twins"):

- Multiple birth 1:
- Multiple birth 2:
- Multiple birth 3:
- Multiple birth 4:
- Multiple birth 5:

[Form Completion Help](#)

<p>Comprehensive Sickle Cell Centers</p>	<p>Medical History Form IIA Patient Interview</p>	<p>Page: 4</p>
<p>Collaborative Data Project</p>	<p>Date of Interview: {COMPDT} Form Completed by: {COMPINT}</p>	<p>CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}</p>

Tobacco Use in the past year

19. **Did you use any type of tobacco in the past year?** (TOBA:ANYTOB) Yes (TOBA:ANYTOB) No (TOBA:ANYTOB) Unknown

20a. **Do you currently use tobacco?** (TOBA:CURTOB) Yes (TOBA:CURTOB) No (TOBA:CURTOB) Unknown

[If yes] 20b. What is your usual number of **cigarettes**? per

20c. What is your usual number of **cigars**? per

20d. How often do you use **snuff/chew**? per

20e. How often do you smoke a **pipe**? per

[Form Completion Help](#)

<p>Comprehensive Sickle Cell Centers</p>	<p>Medical History Form IIA Patient Interview</p>	<p>Page: 4</p>
<p>Collaborative Data Project</p>	<p>Date of Interview: {COMPDT} Form Completed by: {COMPINT}</p>	<p>CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}</p>

Alcohol Use in the past year

21. **Did you drink any type of alcohol during the past year?** (ALCO:ANYALCO) Yes (ALCO:ANYALCO) No (ALCO:ANYALCO) Unknown

22a. **Do you currently drink alcohol?** (ALCO:CURALCO) Yes (ALCO:CURALCO) No (ALCO:CURALCO) Unknown

[If yes] 22b. What is your usual number of **beers?** per

22c. What is your usual number of **glasses of wine ?** per

22d. What is your usual number of **other alcoholic drinks ?** per

[Form Completion Help](#)

<p>Comprehensive Sickle Cell Centers</p>	<p>Medical History Form IIA Patient Interview</p>	<p>Page: 4</p>
<p>Collaborative Data Project</p>	<p>Date of Interview: {COMPDT} Form Completed by: {COMPINT}</p>	<p>CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}</p>

23. Which of these letters best describes your household's yearly income? This includes the total amount of money for all members of your household combined, from all sources including jobs, disability payments or money from the government?

- | | | |
|--|--|--|
| <input type="checkbox"/> (INCA:INCOMEQ) A. | <input type="checkbox"/> (INCA:INCOMEQ) D. | <input type="checkbox"/> (INCA:INCOMEQ) G. |
| Under \$4,999 | \$15,000 - 24,999 | \$45,000 and over |
| <input type="checkbox"/> (INCA:INCOMEQ) B. | <input type="checkbox"/> (INCA:INCOMEQ) E. | <input type="checkbox"/> (INCA:INCOMEQ) H. |
| \$5,000 - 9,999 | \$25,000 - 34,999 | Prefer not to answer |
| <input type="checkbox"/> (INCA:INCOMEQ) C. | <input type="checkbox"/> (INCA:INCOMEQ) F. | <input type="checkbox"/> (INCA:INCOMEQ) I. |
| \$10,000 - 14,999 | \$35,000 - 44,999 | Don't know |

Comments for interview pages 1-4:

INCA:COMTXT

Submit Query

Cancel

Form Completion Help

Print