

Comprehensive Sickle Cell Centers	Medical History Form IIB Parent (or Accompanying Adult) Interview	Pages: 1 - 3
Collaborative Data Project	Date of Interview: <input type="text" value="MD2B:COMPDA"/> / <input type="text" value="MD2B:COMPMO"/> / <input type="text" value="MD2B:COMPYR"/> DD MMM YYYY Form Completed by: <input type="text" value="MD2B:COMPINT"/>	CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

Who is accompanying this child today? (MD2B:ACCOMP) Parent (MD2B:ACCOMP) Guardian (MD2B:ACCOMP) Other adult relative

Was this interview conducted in person or by phone? (MD2B:INTVW) In person (MD2B:INTVW) By phone

1. **Which of the following racial groups do you consider this child a part of?** (MD2B:INDIAN) American Indian/Alaska Native
(check all that apply) (MD2B:ASIAN) Asian
 (MD2B:BLACK) Black or African-American
 (MD2B:HAWA) Native Hawaiian or other Pacific Islander
 (MD2B:WHITE) White
 (MD2B:RACOTH) Other, specify

2. **What is this child's ethnicity?** (MD2B:ETHNIC) Hispanic or Latino, or
 (MD2B:ETHNIC) Not Hispanic or Latino

3a. **How many siblings does this child have?**
Of the siblings who share both this child's biological mother and father:

3b. How many have SCD?

3c. How many do not have SCD?

4. **What is the highest grade of school this child has completed?** *(Enter 0 for pre-school or less, K for kindergarten, 1-12, 13 = 1 year college, 14 = 2 years college, etc.)*

5. What is the number of individuals (19 years of age and up) in this child's household?

6. What is the number of individuals (under 19 years of age) in this child's household?

7. What type of health insurance does this child have? (check all that apply)

(MD2B:PRIVATE) Private (MD2B:MEDICAR) Medicare (MD2B:MEDICAI) Medicaid (MD2B:NONEINS) None (MD2B:OTHINS) Other

8a. In the last 5 years, has this child received sickle cell-related healthcare from any other center or institution?

(MD2B:SCHLTH) Yes (MD2B:SCHLTH) No (MD2B:SCHLTH) Unknown

8b. [If yes] Where?

How many times?

9a. Has this child ever received a transfusion?

(MD2B:TRANS) Yes (MD2B:TRANS) No (MD2B:TRANS) Unknown

9b. [If yes] How many transfusions? (MD2B:TRANNO) 1-5 (MD2B:TRANNO) 6-20 (MD2B:TRANNO) 21-99 (MD2B:TRANNO) 100+

10a. Has this child 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?

(MD2B:SCPAIN) Yes (MD2B:SCPAIN) No (MD2B:SCPAIN) Unknown

10b. [If yes] How many times? (MD2B:PAINNO) 1-5 (MD2B:PAINNO) 6-20 (MD2B:PAINNO) 21-99 (MD2B:PAINNO) 100+

11a. In the past year, has your child ever had a headache? (MD2B:HEADACH) Yes (MD2B:HEADACH) No (MD2B:HEADACH) Unknown

11b. [If yes,] How many headaches has he/she had?

11c. How many of these headaches occurred while he/she had sickle pain? Put 0 for none

11d. How many of these headaches were not associated with sickle pain, fever/illness or alcohol? Put 0 for none

12. In the past year, how many times has this child 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

13. In the past year, how many days of school has this child missed due to his/her Sickle Cell Disease? Put 0 for none

MD2B:DAYMISS

14. In the past year, how many days of school or work have the primary caregiver(s) of this child missed due to this child's Sickle Cell Disease?

MD2B:PDAYMIS

Put 0 for none

15. In the past year, what was the total number of painful episodes due to Sickle Cell Disease for which this child was treated solely at home?

MD2B:EPISNO

Put 0 for none

PI/SC Signature: (MD2B:PICHECK) Date:

MD2B:SIGNDA

/ MD2B:SIGNMO

/ MD2B:SIGNYR

DD

MMM

YYYY

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

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For the interviewer:

17. Who answered the questions on pages 1 - 3?

- (INTV:INTVWRQ) Primarily the patient
- (INTV:INTVWRQ) Primarily the parent/accompanying adult
- (INTV:INTVWRQ) Patient and parent/accompanying adult together

Comments for interview pages 1-3:

INTV:COMTXT

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