

8a. In the past year, have you received sickle cell-related healthcare from any other center or institution?

(AF2A:SCHLTH) Yes (AF2A:SCHLTH) No (AF2A:SCHLTH) Unknown

8b. [If yes] Where?

How many times?

9a. In the past year, have you ever had a headache?

(AF2A:HEADACH) Yes (AF2A:HEADACH) No (AF2A:HEADACH) Unknown

9b. [If yes] How many headaches have you had?

9c. How many of these headaches occurred while you had sickle pain?

Put 0 for none

9d. How many of these headaches were not associated with sickle pain, fever/illness or alcohol?

Put 0 for none

10a. Have you received a transfusion in the past year?

(AF2A:TRANPY) Yes (AF2A:TRANPY) No (AF2A:TRANPY) Unknown

10b. [If yes] How many transfusions?

(AF2A:TRANNO) 1-5 (AF2A:TRANNO) 6-20 (AF2A:TRANNO) 21-99 (AF2A:TRANNO) 100+

11. In the past year, how many days of work or school have you missed due to your Sickle Cell Disease?

Put 0 for none

12. 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

13. 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

For Female Patients: (AF2A:FPATNA) NA (for males and females not of child-bearing potential)

14. Are you currently pregnant? (AF2A:CURPREG) Yes (AF2A:CURPREG) No (AF2A:CURPREG) Unknown

15a. Have you been pregnant within the past year (exclude current pregnancy if applicable)?

(AF2A:PREGPY) Yes (AF2A:PREGPY) No (AF2A:PREGPY) Unknown

How many previous pregnancies have resulted in: (number):

15b. Full term births

15c. Miscarriages (spontaneous abortions)

15d. Live births

15e. Premature births

15f. Abortions (elective)

15g. Multiple births

15h. Live children at present

[If 15g 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:

PI/SC Signature: (AF2A:PICHECK) Date: / /
DD MMM YYYY

[Form Completion Help](#)

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<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>

Tobacco Use in the past year

16. **Did you use any type of tobacco in the past year?** (TO2A:ANYTOB) Yes (TO2A:ANYTOB) No (TO2A:ANYTOB) Unknown

17a. **Do you currently use tobacco?** (TO2A:CURTOB) Yes (TO2A:CURTOB) No (TO2A:CURTOB) Unknown

[If yes] 17b. What is your usual number of **cigarettes**? per

17c. What is your usual number of **cigars**? per

17d. How often do you use **snuff/chew**? per

17e. How often do you smoke a **pipe**? per

Submit Query	Cancel	Form Completion Help	Print
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Alcohol Use in the past year

18. **Did you drink any type of alcohol during the past year?** (AL2A:ANYALCO) Yes (AL2A:ANYALCO) No (AL2A:ANYALCO) Unknown

19a. **Do you currently drink alcohol?** (AL2A:CURALCO) Yes (AL2A:CURALCO) No (AL2A:CURALCO) Unknown

[If yes] 19b. What is your usual number of **beers?** per ▼

19c. What is your usual number of **glasses of wine ?** per ▼

19d. What is your usual number of **other alcoholic drinks ?** per ▼

<input type="button" value="Submit Query"/>	<input type="button" value="Cancel"/>	Form Completion Help	<input type="button" value="Print"/>
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<p align="center">Comprehensive Sickle Cell Centers</p>	<p align="center">Annual Form Part IIA Patient Interview</p>	<p align="center">Page: 4</p>
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20. Which of these letters best describes your household's yearly income *during the past year*? 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"/> (IN2A:INCOMEQ) | A. Under \$4,999 | <input type="checkbox"/> (IN2A:INCOMEQ) | D. \$15,000 - 24,999 | <input type="checkbox"/> (IN2A:INCOMEQ) | G. \$45,000 and over |
| <input type="checkbox"/> (IN2A:INCOMEQ) | B. \$5,000 - 9,999 | <input type="checkbox"/> (IN2A:INCOMEQ) | E. \$25,000 - 34,999 | <input type="checkbox"/> (IN2A:INCOMEQ) | H. Prefer not to answer |
| <input type="checkbox"/> (IN2A:INCOMEQ) | C. \$10,000 - 14,999 | <input type="checkbox"/> (IN2A:INCOMEQ) | F. \$35,000 - 44,999 | <input type="checkbox"/> (IN2A:INCOMEQ) | I. Don't know |

Comments for interview pages 1-4:

IN2A:COMTXT