Comprehensive Sickle Cell Centers	Annual Form Part IIA Patient Interview	Page: {section.pageNumber}
Collaborative Data Project	Date of Interview: AF2A:COMPDA / AF2A:COMPMO / AF2A:COMPYR DD MMM YYYY Form Completed AF2A:COMPINT by:	CSCCID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}
Was this interview conducted in person or by pho	one? 🗆 (AF2A:INTVW) In person 🗆 (AF2A:INTVW) By phon	le

1a. How many siblings do you have? AF2A:SIBLNO

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

- 1b. How many have SCD? AF2A:SIBWSCD
 - 1c. How many do not have SCD? AF2A:SIBNSCD
- 2. What is your current employment status? Are you: [(AF2A:EMPLOY) Full Time,

□(AF2A:EMPLOY) Part Time, or

□ (AF2A:EMPLOY) Not Employed

3. What is your current student status? Are you:
(AF2A:STUSTAT) Full Time,

□ (AF2A:STUSTAT) Part Time, or

□(AF2A:STUSTAT) Not a Student

4. 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.)

5. What is the number of individuals (19 years of age and up) in your household?

- 6. What is the number of individuals (under 19 years of age) in your household? AF2A: INDLT19
- 7. What type of health insurance do you have? (check all that apply)

□ (AF2A:PRIVATE) Private □ (AF2A:MEDCARE) Medicare □ (AF2A:MEDCAID) Medicaid □ (AF2A:NONEINS) None □ (AF2A:OTHINS) Other

AF2A:HLTHSP

8a.	In the past yea	, have you receive	d sickle cell-related	I healthcare from any	y other center or institution?
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□ (AF2A:SCHLTH) Yes □ (AF2A:SCHLTH) No □ (AF2A:SCHLTH) Unknown

. 8b. [lf yes] Where?	, (, , ,	How many times?	
AF2A:SCWHER1		AF2A:SCTIME1	
AF2A:SCWHER2		AF2A:SCTIME2	
AF2A:SCWHER3		AF2A:SCTIME3	
9a. In the past year, have you ever had a head	dache?		
🗆 (AF2A:HEADACH) 🛛 🗠 (AF2A:HEADA	ACH) No 🔲 (AF2A:HEADACH) Unknown		
9b. [If yes] How many headaches have you	had?	AF2A:HEAD1	
9c. How many of these headaches occu	urred while you had sickle pain?	AF2A:HEAD2 Put 0 for none	
. 9d. How many of these headaches were	e not associated with sickle pain, fever/illne	ness or alcohol? AF2A:HEAD3 Put 0 for none	
10a. Have you received a transfusion in the past year?	🗆 (AF2A:TRANPY) Yes 🛛 (AF2A:TRAN	NPY) No 🗌 (AF2A:TRANPY) Unknown	
10b. [If yes] How many transfusions?	🗆 (AF2A:TRANNO) 1-5 🛛 (AF2A:TRAN	NNO) 6-20 🛛 (AF2A:TRANNO) 21-99 🖓 (AF2A:TRANNO) 100	0+
11. In the past year, how many days of work o	or school have you missed due to your S	Sickle Cell Disease? AF2A:DAYMISS Put 0 for none	
12. In the past year, how many times have yo Department, acute day clinic, or other clin Disease?			
13. In the past year, what was the total number were treated solely at home?	er of painful episodes due to Sickle Cell	I Disease for which you AF2A:EPISNO Put 0 for none	
For Female Patients: 🗌 (AF2A:FPATNA) NA (fo	or males and females not of child-bearing p	potential)	
14. Are you currently pregnant? □ (AF2A:CU	IRPREG) Yes 🛛 (AF2A:CURPREG) No 🛛	C (AF2A:CURPREG) Unknown	
15a. Have you been pregnant within the past pregnancy if applicable)?	year (exclude current ☐ (AF2A:PRE	EGPY) Yes 🔲 (AF2A:PREGPY) No 🗌 (AF2A:PREGPY) Unknow	wn
How many previous pregnancies have resulted in:	(number):		
15b. AF2A:FULLB Full term births 15c	c. AF2A:MISSCAR Miscarriages (spontane	neous abortions) 15d. AF2A:LIVEB Live births	

15e. AF2A:PREMB Premature births 15f. AF2A:ABORT Abortions (elective) 15g. AF2A:MULTB Multiple	births
15h. AF2A:LIVEC 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: AF2A:MULTB1 Multiple birth 2: AF2A:MULTB2	
Multiple birth 3: AF2A:MULTB3 PI/SC Signature: (AF2A:PICHECK) Date: AF2A:SIGNDA / AF2A:SIGNMO / AF2A:SIGNYR	
DD MMM YYYY	
Submit Query Cancel Form Completion Help	Print

	hensive Sickle II Centers	Annual Form Pa IIA Patient Interview	Page: 3
	oorative Data Project	Date of Interview: {COMPE Form Completed by:	Center {center name}
16. Did	se in the past year you use any type of icco in the past year?		(TO2A:ANYTOB)
17a. Do y	you currently use		(TO2A:CURTOB)
[If yes]	17b. What is your us	sual number of cigarettes?	TO2A:CIGET per TO2A:CIGETFR -
	17c. What is your us	sual number of cigars?	TO2A:CIGAR per TO2A:CIGARFR -
	17d. How often do y	ou use snuff/chew?	TO2A:SNUF per TO2A:SNUFFR
		-	

Submit Query	Cancel	Form Completion Help	Print
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A	Alcoh	ol Use in th	e pa	ast year						
	18.	Did you dr of alcohol past year?	dur		□ (AL2A:ANYALCO) Yes	□ (AL2A:ANY	'ALCO) No 🛛	(AL2/	A:ANYALCO) Unkno	own
	19a.	Do you cu alcohol?	rren	tly drink	□ (AL2A:CURALCO) Yes	🗆 (AL2A:CUF	RALCO) No 🛛	(AL2/	A:CURALCO) Unkn	own
	[If	<i>yes]</i> 19b.	Wh	at is your u	isual number of beers?		AL2A:BEER	per	AL2A:BEERFR	
		19c.	Wh	at is your u	isual number of glasses o	f wine ?	AL2A:WINE	per	AL2A:WINEFR	
		19d.	Wh	at is your u	isual number of other alco	holic drinks ?	AL2A:DRINK	per	AL2A:DRINKFR	
	Sul	omit Query		Cancel]	Form Com	pletion Help			Print

Collaborat	tive Data Project	Date			
			Date of Interview: {COMPDT} Form Completed by: {COMPINT}		C ID: {subject.name} er code: {center.name} bital code: {center.hospital.name}
0. Which of these letters best disability payments or mon		income during the past year? This	s includes the total amount of money	for all members of your househol	d combined, from all sources including jobs,
(IN2A:INCOMEQ)	A. Under \$4,999	□ (IN2A:INCOMEQ)	D. \$15,000 - 24,999	(IN2A:INCOMEQ)	G. \$45,000 and over
(IN2A:INCOMEQ)	B. \$5,000 - 9,999	□ (IN2A:INCOMEQ)	E. \$25,000 - 34,999	(IN2A:INCOMEQ)	H. Prefer not to answer
(IN2A:INCOMEQ)	C. \$10,000 - 14,999	(IN2A:INCOMEQ)	F. \$35,000 - 44,999	(IN2A:INCOMEQ)	I. Don't know
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