

<b>Comprehensive Sickle Cell Centers</b>	<b>Annual Form Part IIB Parent (or Accompanying Adult) Interview</b>	<b>Page: {section.pageNumber}</b>
<b>Collaborative Data Project</b>	Date of Interview: <input type="text" value="{AF2B:COMPDA}"/> / <input type="text" value="{AF2B:COMPMD}"/> / <input type="text" value="{AF2B:COMPYR}"/> DD  MMM  YYYY Form Completed <input type="text" value="{AF2B:COMPINT}"/> by:	CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

Who is accompanying this child today?  (AF2B:ACCOMP) Parent  (AF2B:ACCOMP) Guardian  (AF2B:ACCOMP) Other adult relative

Was this interview conducted in person or by phone?  (AF2B:INTVW) In person  (AF2B:INTVW) By phone

1a. How many siblings does this child have?

**Of the siblings who share both this child's biological mother and father:**

1b. How many have SCD?

1c. How many do not have SCD?

2. 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.)

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

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

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

(AF2B:PRIVATE) Private  (AF2B:MEDCARE) Medicare  (AF2B:MEDCAID) Medicaid  (AF2B:NONEINS) None  (AF2B:OTHINS) Other

6a. In the past year, has this child received sickle cell-related healthcare from any other center or institution?

(AF2B:SCHLTH) Yes  (AF2B:SCHLTH) No  (AF2B:SCHLTH) Unknown

6b. [If yes] **Where?** **How many times?**

AF2B:SCWHER1

AF2B:SCTIME1

AF2B:SCWHER2

AF2B:SCTIME2

AF2B:SCWHER3

AF2B:SCTIME3

- 7a. **Has this child been transfused in the past year?**  (AF2B:TRANPY) Yes  (AF2B:TRANPY) No  (AF2B:TRANPY) Unknown
- 7b. *[If yes]* How many transfusions?  (AF2B:TRANNO) 1-5  (AF2B:TRANNO) 6-20  (AF2B:TRANNO) 21-99  (AF2B:TRANNO) 100+
- 8a. **In the past year, has your child ever had a headache?**  (AF2B:HEADACH) Yes  (AF2B:HEADACH) No  (AF2B:HEADACH) Unknown
- 8b. *[If yes,]* How many headaches has he/she had?
- 8c. How many of these headaches occurred while he/she had sickle pain?  *Put 0 for none*
- 8d. How many of these headaches were not associated with sickle pain, fever/illness or alcohol?  *Put 0 for none*
9. **In the past year, how many days of school has this child missed due to his/her Sickle Cell Disease?**  *Put 0 for none*
10. **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?**  *Put 0 for none*
11. **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*
12. **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?**  *Put 0 for none*

PI/SC Signature:  (AF2B:PICHECK) Date:  /  /   
 DD MMM YYYY

Submit Query

Cancel

Form Completion Help

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13. Which of these letters best describes this child's household 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"/> (IN2B:INCOMEQ)	A. Under \$4,999	<input type="checkbox"/> (IN2B:INCOMEQ)	D. \$15,000 - 24,999	<input type="checkbox"/> (IN2B:INCOMEQ)	G. \$45,000 and over
<input type="checkbox"/> (IN2B:INCOMEQ)	B. \$5,000 - 9,999	<input type="checkbox"/> (IN2B:INCOMEQ)	E. \$25,000 - 34,999	<input type="checkbox"/> (IN2B:INCOMEQ)	H. Prefer not to answer
<input type="checkbox"/> (IN2B:INCOMEQ)	C. \$10,000 - 14,999	<input type="checkbox"/> (IN2B:INCOMEQ)	F. \$35,000 - 44,999	<input type="checkbox"/> (IN2B:INCOMEQ)	I. Don't know

Submit Query	Cancel	Form Completion Help	Print
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**For the interviewer:**

14. **Who answered the questions on pages 1 and 2?**

(IV2B:INTVWRQ) Primarily the patient

(IV2B:INTVWRQ) Primarily the parent/accompanying adult

(IV2B:INTVWRQ) Patient and parent/accompanying adult together

Comments for interview pages 1-3:

IV2B:COMTXT