



Enrollment Healthcare Utilization Form – v1.0

Subject ID

Complete the table below for all types of visits the subject had in the 12 months prior to consenting to participate in SCDIC-II.

Has the person visited the following providers or facilities in the 12 months prior to consenting to participate in SCDIC-II?	
Primary care physician	<input type="radio"/> Yes <input type="radio"/> No
Hematologist	<input type="radio"/> Yes <input type="radio"/> No
Nephrologist	<input type="radio"/> Yes <input type="radio"/> No
Cardiologist	<input type="radio"/> Yes <input type="radio"/> No
Pulmonologist	<input type="radio"/> Yes <input type="radio"/> No
Behavioral medicine/psychiatrist	<input type="radio"/> Yes <input type="radio"/> No
Orthopedic surgeon	<input type="radio"/> Yes <input type="radio"/> No
Ophthalmologist	<input type="radio"/> Yes <input type="radio"/> No
Neurologist	<input type="radio"/> Yes <input type="radio"/> No
OB/GYN—pregnancy related	<input type="radio"/> Yes <input type="radio"/> No
OB/GYN—all other reasons	<input type="radio"/> Yes <input type="radio"/> No
Pain center	<input type="radio"/> Yes -> How many visits? ____ <input type="radio"/> No
ED/EDTR	<input type="radio"/> Yes -> How many visits? ____ <input type="radio"/> No
Hospital admission	<input type="radio"/> Yes -> How many admissions? ____ <input type="radio"/> No
Transfusions--simple	<input type="radio"/> Yes -> How many? ____ <input type="radio"/> No
Transfusions--exchange	<input type="radio"/> Yes -> How many? ____ <input type="radio"/> No