

<p align="center">Comprehensive Sickle Cell Centers</p>	<p align="center">Follow-up I Assessments</p>	<p align="center">Follow-up I Page: 13</p>
<p align="center">Dexamethasone for ACS</p>		<p>CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}</p>

Complete this form at the **first follow-up visit**. All questions relate to events that have occurred **since hospital discharge**.

Was the assessment completed? (FLU1:COMPLET) Yes (FLU1:COMPLET) No

If No, indicate the reason (check one):

- | | |
|---|---|
| <input type="checkbox"/> (FLU1:REASON) Subject is still an in-patient at the hospital | <input type="checkbox"/> (FLU1:REASON) Lost to follow-up |
| <input type="checkbox"/> (FLU1:REASON) Serious Adverse Event | <input type="checkbox"/> (FLU1:REASON) Other, specify <input type="text" value="FLU1:OTHSP"/> |
| <input type="checkbox"/> (FLU1:REASON) Subject or parent/guardian decision | |

Has the subject experienced:

1. Acute Painful Episode? (FLU1:PAIN) Yes (FLU1:PAIN) No

If Yes, record number of events below. Record only the **final** location if a single pain crises was treated at multiple locations.

Since discharge, how many pain crises:

- Were treated at home? (enter 0 for none)
- Were treated in a clinic or doctor's office, not hospital? (enter 0 for none)

2. Hospitalization? (FLU1:HSPVST) Yes (FLU1:HSPVST) No

If Yes, press the "Add Event " button to record details for each hospitalization.

Primary Reason:		<input type="button" value="Delete Event"/>					
<input type="text" value="HOSP:REASON1"/>	<input type="text" value="HOSP:REAS1S"/>	Date admitted:	<input type="text" value="HOSP:ADMITDA"/>	/	<input type="text" value="HOSP:ADMITMO"/>	/	<input type="text" value="HOSP:ADMITYR"/>
			DD		MMM		YYYY
Secondary Reason:	<input type="text" value="HOSP:REASON2"/>	Date discharged:	<input type="text" value="HOSP:DISCDA"/>	/	<input type="text" value="HOSP:DISCMO"/>	/	<input type="text" value="HOSP:DISCYR"/>
	<input type="text" value="HOSP:REAS2S"/>		DD		MMM		YYYY

3. Emergency Room Visit Not Resulting in Hospitalization? (FLU1:ERVISIT) Yes (FLU1:ERVISIT) No

If Yes, press the "Add Event " button to record details for each emergency room visit.

Primary Reason:			Delete Event				
<input type="text" value="EMER:EREASN1"/>							
Other, specify:	<input type="text" value="EMER:ERV1S"/>	Date admitted:	<input type="text" value="EMER:ERVADDA"/>	/	<input type="text" value="EMER:ERVADMO"/>	/	<input type="text" value="EMER:ERVADYR"/>
			DD		MMM		YYYY
Secondary Reason:							
<input type="text" value="EMER:EREASN2"/>							
Other, specify:	<input type="text" value="EMER:ERV2S"/>	Date discharged:	<input type="text" value="EMER:ERVSDSA"/>	/	<input type="text" value="EMER:ERVDSMO"/>	/	<input type="text" value="EMER:ERVDSYR"/>
			DD		MMM		YYYY

[Add Event](#)

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