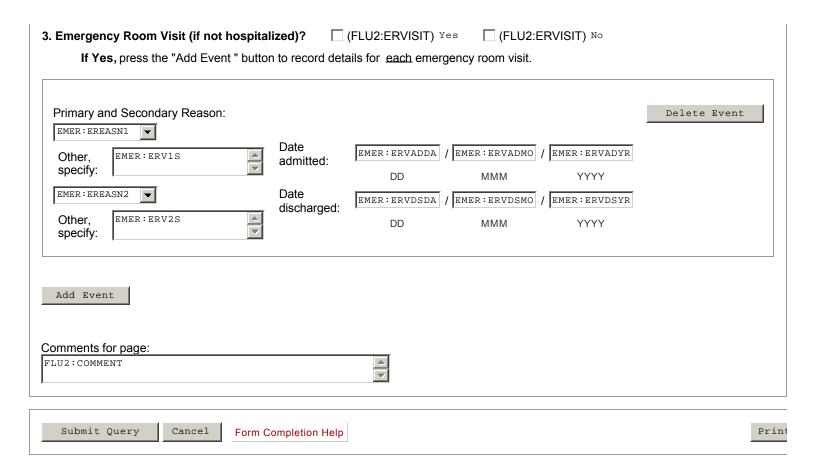
Comprehensive Sickle Cell Centers Interval Health History CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

Complete this form at the second follow-up visit. All questions relate to events that have occurred since the first follow-up visit.	
Was the assessment completed? ☐ (FLU2:COMPLET) Yes ☐ (FLU2:COMPLET) NO	
If No, indicate the reason (check one):	
\square (FLU2:REASON) Subject is still an in-patient at the hospital	[(FLU2:REASON) Lost to follow-up
[(FLU2:REASON) Serious Adverse Event	(FLU2:REASON) Other, specify FLU2:OTHSP
[(FLU2:REASON) Subject or parent/guardian decision	
Has the subject experienced:	
1. Acute Painful Episode ☐ (FLU2:PAIN) Yes ☐ (FLU2: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 the first follow-up visit, how many pain crises:	
1. Were treated at home? FLU2:HOME (enter 0 for none)	
2. Were treated in a clinic or doctor's office, not hospital? FLU2:CLINIC (enter 0 for none)	
2. Hospitalization? ☐ (FLU2:HSPVST) Yes ☐ (FLU2:HSPVST) No If Yes, press the "Add Event " button to record details for each hospitalization.	
specify: DD HOSP:REASON2 Date discharged:	Delete Event :ADMITMO / HOSP:ADMITYR MMM YYYY :DISCMO / HOSP:DISCYR MMM YYYY
Add Event	

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