

MSH Patients' Follow Up - Extension I
Form 44 - Hydroxyurea Review

Instructions

THIS IS REVISION 5, TO BE USED DURING AV06 TO RECORD HYDROXYUREA USAGE FROM FEB 2002 THROUGH DEC-2003.

1. The record of hydroxyurea usage history is an *estimate* of the amount of time and average dose the patient has been taking. Only in the case of *absolute unreliability* of the patient's recall can the information for a month be answered "Don't know." Even if a dose cannot be estimated, please try to answer at least *whether* any hydroxyurea was taken during each month. If none was taken, answer "None" for each month.
2. The entire record of hydroxyurea usage (Form 44) starts with February 1995, the first month after MSH Close-Out. Use

Rev 5 for the period Feb 2002-Dec 2003 (AV06),
Rev 6 for the period Jan 2004-Dec 2004 (AV07),
Rev 7 for the period Jan 2005-Dec 2005 (AV08),
Rev 8 for the period Jan 2006-Dec 2006 (AV09),
Rev 9 for the period Jan 2006-Jan 2007 (AV10),
3. WHENEVER A PATIENT COMPLETES AV06, PLEASE BE SURE THAT THE HYDROXYUREA USAGE RECORD IS COMPLETE FOR ALL MONTHS SINCE FEBRUARY 1995. REVIEW FORM 44 FOR AV01 (Rev 0), AV02 (Rev 1) and AV03 (Rev 2), AV04 (Rev 3) and AV5 (Rev4). PROVIDE INFORMATION FOR MONTHS THAT ARE STILL MISSING. MARK THESE ADDITIONAL MONTHS OF INFORMATION WITH AN ASTERISK ON THE SIDE TO INDICATE ADDITIONAL INFORMATION TO THE FORM (UNSOLICITED CORRECTIONS). MARK "ADDITIONAL INFORMATION" AT THE TOP OF THE CORRECTED PAGE(S), INITIAL AND DATE THEM, AND TRANSMIT TO THE MEDICAL COORDINATING CENTER. KEEP A COPY FOR YOUR RECORDS.

1. Do you have any barriers to hydroxyurea therapy? (Answer each item)								
2. Has your doctor prescribed hydroxyurea since the annual visit?								

VIS-DT

3. Do you have any barriers to hydroxyurea therapy? (Answer each item)	If YES, Skip to Item 2. (1) Yes (2) No	
	A. Inadequate insurance coverage Yes (1) No (2) B. Other: Yes (1) No (2) 1. Specify: _____	
4. Has your doctor prescribed hydroxyurea since the annual visit?	(1) Yes (2) No	

HU-ACC

NOHU-R1
 NOHU-R2
 NOHU-SP1

HURX

a. Month/year	b. Type of therapy	c. Average prescribed daily dose (mg)	d. Estimated overall compliance (percent)
1 FEB 2001	<input type="checkbox"/> 1 - None (Skip c.&d.) <input checked="" type="checkbox"/> 2 - Daily HUTYPE85 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU DOSE 85</u> mg	<u>HU COMP 85</u>
1 MAR 2001	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Daily HUTYPE86 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU DOSE 86</u> mg	<u>HU COMP 86</u>
1 APR 2001	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Daily HUTYPE87 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU DOSE 87</u> mg	<u>HU COMP 87</u>
1 MAY 2001	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Daily HUTYPE88 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU DOSE 88</u> mg	<u>HU COMP 88</u>
1 JUN 2001	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Daily HUTYPE89 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU DOSE 89</u> mg	<u>HU COMP 89</u>
1 JUL 2001	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Daily HUTYPE90 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU DOSE 90</u> mg	<u>HU COMP 90</u>

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	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE91 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU</u> DOSE <u>91</u> mg	<u>HU</u> COMP <u>91</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE92 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU</u> DOSE <u>92</u> mg	<u>HU</u> COMP <u>92</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE93 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU</u> DOSE <u>93</u> mg	<u>HU</u> COMP <u>93</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE94 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU</u> DOSE <u>94</u> mg	<u>HU</u> COMP <u>94</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE95 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU</u> DOSE <u>95</u> mg	<u>HU</u> COMP <u>95</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE96 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU</u> DOSE <u>96</u> mg	<u>HU</u> COMP <u>96</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE97 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU</u> DOSE <u>97</u> mg	<u>HU</u> COMP <u>97</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE98 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU</u> DOSE <u>98</u> mg	<u>HU</u> COMP <u>98</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE99 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU</u> DOSE <u>99</u> mg	<u>HU</u> COMP <u>99</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE100 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU</u> DOSE <u>100</u> mg	<u>HU</u> COMP <u>100</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE101 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU</u> DOSE <u>101</u> mg	<u>HU</u> COMP <u>101</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE102 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	<u>HU</u> DOSE <u>102</u> mg	<u>HU</u> COMP <u>102</u>

MSH Patients' Follow Up - Extension I
Form 44 - Hydroxyurea Review

Instructions

THIS IS REVISION 6, TO BE USED DURING AV07 TO RECORD HYDROXYUREA USAGE FROM JAN 2004 THROUGH DEC-2004.

1. The record of hydroxyurea usage history is an *estimate* of the amount of time and average dose the patient has been taking. Only in the case of *absolute unreliability* of the patient's recall can the information for a month be answered "Don't know." Even if a dose cannot be estimated, please try to answer at least *whether* any hydroxyurea was taken during each month. If none was taken, answer "None" for each month.
2. The entire record of hydroxyurea usage (Form 44) starts with February 1995, the first month after MSH Close-Out. Use

Rev 5 for the period Feb 2002-Dec 2003 (AV06),
Rev 6 for the period Jan 2004-Dec 2004 (AV07),
Rev 7 for the period Jan 2005-Dec 2005 (AV08),
Rev 8 for the period Jan 2006-Dec 2006 (AV09),
Rev 9 for the period Jan 2006-Jan 2007 (AV10),
3. WHENEVER A PATIENT COMPLETES AV07, PLEASE BE SURE THAT THE HYDROXYUREA USAGE RECORD IS COMPLETE FOR ALL MONTHS SINCE FEBRUARY 1995. REVIEW FORM 44 FOR AV01 (Rev 0), AV02 (Rev 1), AV03 (Rev 2), AV04 (Rev 3), AV5 (Rev4) and AV06 (Rev5). PROVIDE INFORMATION FOR MONTHS THAT ARE STILL MISSING. MARK THESE ADDITIONAL MONTHS OF INFORMATION WITH AN ASTERISK ON THE SIDE TO INDICATE ADDITIONAL INFORMATION TO THE FORM (UNSOLICITED CORRECTIONS). MARK "ADDITIONAL INFORMATION" AT THE TOP OF THE CORRECTED PAGE(S), INITIAL AND DATE THEM, AND TRANSMIT TO THE MEDICAL COORDINATING CENTER. KEEP A COPY FOR YOUR RECORDS.

	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Dally HUTYPE114 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	<u>HU</u> <u>DOSE114</u> mg	<u>HU</u> <u>COMP114</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Dally HUTYPE115 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	<u>HU</u> <u>DOSE115</u> mg	<u>HU</u> <u>COMP115</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Dally HUTYPE116 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	<u>HU</u> <u>DOSE116</u> mg	<u>HU</u> <u>COMP116</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Dally HUTYPE117 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	<u>HU</u> <u>DOSE117</u> mg	<u>HU</u> <u>COMP117</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Dally HUTYPE118 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	<u>HU</u> <u>DOSE118</u> mg	<u>HU</u> <u>COMP118</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Dally HUTYPE119 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	<u>HU</u> <u>DOSE119</u> mg	<u>HU</u> <u>COMP119</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Dally HUTYPE120 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	<u>HU</u> <u>DOSE120</u> mg	<u>HU</u> <u>COMP120</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Dally HUTYPE121 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	<u>HU</u> <u>DOSE121</u> mg	<u>HU</u> <u>COMP121</u>
	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Dally HUTYPE122 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	<u>HU</u> <u>DOSE122</u> mg	<u>HU</u> <u>COMP122</u>

15. What was the main source of this information about hydroxyurea usage? HUSE - SRC

Patient recall ()
 MSH Clinical Center staff (2)
 Other health care provider (3)

Retain a copy of this form for your files. Send the original to the Medical Coordinating Center, Maryland Medical Research Institute, 600 Wyndhurst Avenue, Baltimore, Maryland 21210. By FAX transmission to 410/435-4232. Thank you.

A V 0 7

9. 09/01/2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE129 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	HUDDSE129 mg	HUCOMPI29
10. 09/01/2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE130 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	HUDDSE130 mg	HUCOMPI30
11. 09/01/2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE131 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	HUDDSE131 mg	HUCOMPI31
12. 09/01/2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE132 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	HUDDSE132 mg	HUCOMPI32
13. 09/01/2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE133 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	HUDDSE133 mg	HUCOMPI33
14. 09/01/2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally HUTYPE134 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	HUDDSE134 mg	HUCOMPI34

15. What was the main source of this information about hydroxyurea usage? HUSE - SRC

Patient recall (1)
 MSH Clinical Center staff (2)
 Other health care provider (3)

16. Checked for completeness and accuracy

A. Signature: _____

B. Identification Number: _____

C. Date: _____

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AV08

MSH Patients' Follow Up - Extension I
Form 44 - Hydroxyurea Review

Instructions

THIS IS REVISION 8, TO BE USED DURING AV08 TO RECORD HYDROXYUREA USAGE FROM APR 2006 THROUGH MAR 2007.

1. The record of hydroxyurea usage history is an *estimate* of the amount of time and average dose the patient has been taking. Only in the case of *absolute unreliability* of the patient's recall can the information for a month be answered "Don't know." Even if a dose cannot be estimated, please try to answer at least *whether* any hydroxyurea was taken during each month. If none was taken, answer "None" for each month.
2. The entire record of hydroxyurea usage (Form 44) starts with February 1995, the first month after MSH Close-Out. Use

Rev 5 for the period Feb 2002-Dec 2003 (AV06),
Rev 6 for the period Jan 2004- Mar 2005 (AV07),
Rev 7 for the period Apr 2005- Mar 2006 (AV08),
Rev 8 for the period Apr 2006- Mar 2007 (AV09),
Rev 9 for the period Apr 2007- Mar 2008 (AV10),

3. WHENEVER A PATIENT COMPLETES AV09, PLEASE BE SURE THAT THE HYDROXYUREA USAGE RECORD IS COMPLETE FOR ALL MONTHS SINCE FEBRUARY 1995. REVIEW FORM 44 FOR AV01 (Rev 0), AV02 (Rev 1), AV03 (Rev 2), AV04 (Rev 3), AV5 (Rev 4), AV06 (Rev 5), AV07 (Rev 6), AV08 (Rev 7) and AV09 (Rev 8). PROVIDE INFORMATION FOR MONTHS THAT ARE STILL MISSING. MARK THESE ADDITIONAL MONTHS OF INFORMATION WITH AN ASTERISK ON THE SIDE TO INDICATE ADDITIONAL INFORMATION TO THE FORM (UNSOLICITED CORRECTIONS). MARK "ADDITIONAL INFORMATION" AT THE TOP OF THE CORRECTED PAGE(S), INITIAL AND DATE THEM, AND TRANSMIT TO THE MEDICAL COORDINATING CENTER. KEEP A COPY FOR YOUR RECORDS.

MSH PATIENTS' Follow Up - Extension I Hydroxyurea Usage Summary	City									
	County									
	Birth Date									
	Annual Visit						A	V	0	9
Visit Date							V	I	S	D

1. Does patient have access to hydroxyurea therapy?	(1) Yes (2) No
If YES, Skip to Item 2.	HU-ACC
2. Reasons for inaccessibility to hydroxyurea therapy (Answer each item)	Yes No
	(1) (2) (1) (2)
A. Inadequate insurance coverage	
B. Other:	
1. Specify: _____	
3. Has patient been prescribed hydroxyurea since last annual visit?	(1) Yes (2) No

NOHU-R1
NOHU-R2
NOHU-SP

HURX

A. Month/Year	B. Type of Therapy	C. Average prescribed daily dosing (mg)	D. Estimated overall compliance (percent)
3. APR 2005	<input type="checkbox"/> 1 - None (Skip c.&d.) <input checked="" type="checkbox"/> 2 - Daily HUTYPE135 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	HU DOSE 135 mg	HU COMP 135
4. MAY 2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Daily HUTYPE136 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	HU DOSE 136 mg	HU COMP 136
5. JUN 2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Daily HUTYPE137 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	HU DOSE 137 mg	HU COMP 137
6. JUL 2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Daily HUTYPE138 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	HU DOSE 138 mg	HU COMP 138
7. AUG 2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Daily HUTYPE139 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	HU DOSE 139 mg	HU COMP 139
8. SEP 2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input checked="" type="checkbox"/> 2 - Daily HUTYPE140 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	HU DOSE 140 mg	HU COMP 140

City										
County										
Annual Visit							A	V	0	9

07. SEP 2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily HUTYPE 141 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	HU DOSE 141 mg	HU COMP 141
10. NOV 2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily HUTYPE 142 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	HU DOSE 142 mg	HU COMP 142
11. DEC 2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily HUTYPE 143 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	HU DOSE 143 mg	HU COMP 143
12. JAN 2007	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily HUTYPE 144 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	HU DOSE 144 mg	HU COMP 144
13. FEB 2007	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily HUTYPE 145 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	HU DOSE 145 mg	HU COMP 145
14. MAR 2007	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily HUTYPE 146 <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4 - Don't know (Skip c.&d.)	HU DOSE 146 mg	HU COMP 146

15. What was the main source of this information about hydroxyurea usage? HUSE_SRC
 Patient recall (1)
 MSH Clinical Center staff (2)
 Other health care provider (3)

1 - None (Skip c. & d.)
 2 - Daily HUTYPE 141
 3 - Other
 4 - Don't know (Skip c.&d.)

1 - None (Skip c. & d.)
 2 - Daily HUTYPE 142
 3 - Other
 4 - Don't know (Skip c.&d.)

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1 - None (Skip c. & d.)
 2 - Daily HUTYPE 141
 3 - Other
 4 - Don't know (Skip c.&d.)

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09 - SEP-2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____
10 - NOV-2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____
11 - DEC-2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____
12 - JAN-2006	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____
13 - FEB-2006	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____
14 - MAR-2006	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Dally <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____

15. What was the main source of this information about hydroxyurea usage?

Patient recall (1)
 MSH Clinical Center staff (2)
 Other health care provider (3)

16. Checked for accuracy and signed by _____

17. Signature _____

18. Printed name _____

19. On _____

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A V 0 9

MSH Patients' Follow Up - Extension I
Form 44 - Hydroxyurea Review

Instructions

THIS IS REVISION 8, TO BE USED DURING AV08 TO RECORD HYDROXYUREA USAGE FROM APR 2006 THROUGH MAR 2007.

1. The record of hydroxyurea usage history is an *estimate* of the amount of time and average dose the patient has been taking. Only in the case of *absolute unreliability* of the patient's recall can the information for a month be answered "Don't know." Even if a dose cannot be estimated, please try to answer at least *whether* any hydroxyurea was taken during each month. If none was taken, answer "None" for each month.
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Rev 5 for the period Feb 2002-Dec 2003 (AV06),
Rev 6 for the period Jan 2004- Mar 2005 (AV07),
Rev 7 for the period Apr 2005- Mar 2006 (AV08),
Rev 8 for the period Apr 2006- Mar 2007 (AV09),
Rev 9 for the period Apr 2007- Mar 2008 (AV10),

3. WHENEVER A PATIENT COMPLETES AV09, PLEASE BE SURE THAT THE HYDROXYUREA USAGE RECORD IS COMPLETE FOR ALL MONTHS SINCE FEBRUARY 1995. REVIEW FORM 44 FOR AV01 (Rev 0), AV02 (Rev 1), AV03 (Rev 2), AV04 (Rev 3), AV5 (Rev 4), AV06 (Rev 5), AV07 (Rev 6) , AV08 (Rev 7) and AV09 (Rev 8). PROVIDE INFORMATION FOR MONTHS THAT ARE STILL MISSING. MARK THESE ADDITIONAL MONTHS OF INFORMATION WITH AN ASTERISK ON THE SIDE TO INDICATE ADDITIONAL INFORMATION TO THE FORM (UNSOLICITED CORRECTIONS). MARK "ADDITIONAL INFORMATION" AT THE TOP OF THE CORRECTED PAGE(S), INITIAL AND DATE THEM, AND TRANSMIT TO THE MEDICAL COORDINATING CENTER. KEEP A COPY FOR YOUR RECORDS.

MSH Patients' Follow Up - Extension I EXPLANATION Hydroxy/Urea Usage Summary	Child's								
	Parent ID								
	Center Code								
	Avial VISA					A	V	0	9
	Visit Date								

1. Does patient have access to hydroxyurea therapy? (1) Yes (2) No

If YES, Skip to Item 2.

A. Reasons for inaccessibility to hydroxyurea therapy (Answer each item)

A. Inadequate insurance coverage	Yes (1)	No (2)
B. Other:	(1)	(2)
1. Specify:		

2. Has patient been prescribed hydroxyurea since last dental visit? (1) Yes (2) No

Month/Year	Type of Therapy	Average prescribed daily dose (mg)	Estimated overall compliance (percent)
2. APR 2006	<input type="checkbox"/> 1 - None (Skip c.&d.) <input type="checkbox"/> 2 - Daily <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____
3. MAY 2006	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____
4. JUN 2006	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____
5. JUL 2006	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____
6. AUG 2006	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____
7. SEP 2006	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____
8. OCT 2006	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____

Child's								
Parent ID								
Center Code								
Avial VISA					A	V	0	9
Visit Date								

05/15/2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____
10/16/2005	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____
11/03/2006	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____
12/04/2007	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____
03/03/2007	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____
04/04/2007	<input type="checkbox"/> 1 - None (Skip c. & d.) <input type="checkbox"/> 2 - Daily <input type="checkbox"/> 3 - Other <input type="checkbox"/> 4- Don't know (Skip c.&d.)	_____ mg	_____

15. What was the main source of this information about hydroxyurea usage?

Patient recall (1)
 MSH Clinical Center staff (2)
 Other health care provider (3)

16. Check for completeness and accuracy:

a. Signature _____

b. Institution number _____

c. Date _____

Retain a copy of this form for your files. Send the original to the Medical Coordinating Center, Maryland Medical Research Institute, 600 Wyndhurst Avenue, Baltimore, Maryland 21210. By FAX transmission to 410/435-4232. Thank you.

AV09