

Neuropsych II Annotated CRF

Table of Contents

Study Phase 1050: Visit 1 - Screening Activities

Demographics	03
Mini-Mental Status Examination.....	05
Profile of Mood States.....	07
Hematology and Chemistry.....	10
Intake and Chart Review.....	12
Intake and Chart Review Neurological.....	15
Focal Neurological Assessment.....	17
Physical Exam	19
Alcohol and Non-Rx Drug Use.....	21
WAIS III PIQ	23
Inclusion Criteria	24
Exclusion Criteria	26

Study Phase 1050: Visit 2 - MRI

External MRI Data.....	30
------------------------	----

Study Phase 1050: Visit 3 – NP Battery / SF-36 / Randomization

NP Battery	32
NP Battery Observations.....	32
WAIS III.....	65
Woodcock-Johnson III.....	33
Delis-Kaplan Executive Functioning System.....	36
Wisconsin Card Sorting Test.....	41
Test of Everyday Attention	42
CVLT-II.....	44
WMS-III	46
SF-36	48
Randomization	51

Study Phase 3050: Transfusion

Transfusion	52
-------------------	----

Study Phase 4050: Interval History

Interval History	54
------------------------	----

Study Phase 4550: Mid-Phase Hematology and Chemistry Labs

Mid-Phase Hematology and Chemistry Labs.....	10
--	----

Study Phase 7050: Transfusion Reaction

Transfusion Reaction.....	67
---------------------------	----

Study Phase 7050: Neurological Event	
Neurological Event.....	55
Study Phase 7050: Adverse Experience	
Adverse Experience.....	57
Study Phase 7050: Death	
Death	58
Study Phase 8050: Concomitant Medications	
Concomitant Medications.....	60
Study Phase 6050: End of Study / Phase II Completion	
NP Battery	32
NP Battery Observations.....	32
WAISIII.....	65
Woodcock-Johnson III.....	33
Delis-Kaplan Executive Functioning System	36
Wisconsin Card Sorting Test.....	41
Test of Everyday Attention	42
CVLT-II.....	44
WMS-III	46
SF-36	48
Hematology and Chemistry Phase II.....	10
External MRI Data Phase II	30
Debriefing	61
Study Completion Form	63

Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease

Demographics

Pilot Transfusion Trial

{visit.label}

Subject ID:

Site:

Completion Date: / /
DD MMM YYYY

Date of birth: / /
DD MMM YYYY

Age: (DEMO:AGE) 21-29 (DEMO:AGE) 30-39 (DEMO:AGE) 40-49 (DEMO:AGE) 50-55

Gender: (DEMO:GENDER) Male (DEMO:GENDER) Female

Race: (DEMO:AMERIND) American Indian/Alaska Native
 (DEMO:ASIAN) Asian
 (DEMO:AFRAMER) Black or African-American
 (DEMO:HAWAII) Native Hawaiian or other Pacific Islander
 (DEMO:WHITE) White
 (DEMO:RACEOT) Other, specify:

Ethnicity: (DEMO:ETHNIC) Hispanic or Latino
 (DEMO:ETHNIC) Not Hispanic or Latino

Select highest grade **completed** by the subject, including post-high school education: ▼

Hemoglobin Electrophoresis:

Date: / /
DD MMM YYYY

Diagnosis: (DEMO:DIAGNOS) SS
 (DEMO:DIAGNOS) SB⁰
 (DEMO:DIAGNOS) AA (control group)

A (%)

S (%)

F (%)

A2 (%)

Other (%) Specify:

Pregnancy Test

(DEMO:PREGND) Not done, subject male

(DEMO:PREGND) Not done, female subject not of child-bearing potential (*check only one reason below*)

(DEMO:REASND) Postmenopausal

(DEMO:REASND) Hysterectomy

(DEMO:REASND) Tubal ligation

(DEMO:REASND) Other, specify:

Date of Collection: / /
DD MMM YYYY

Type: (DEMO:TYPE) Urine (DEMO:TYPE) Serum

Result: (DEMO:RESULT) Positive (DEMO:RESULT) Negative

Comments for page: DEMO: COMMENT

Submit Query

Cancel

Form Completion Help

Print

 Rho

Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease	Mini-Mental Status Examination Pilot Transfusion Trial	
	{visit.label}	Subject ID: Site:

Date of Assessment: / /
DD MMM YYYY

Orientation (1 pt. each)

Score

1. Ask the patient: "What is the year, season, date, day, month?" /5
2. Ask: "Where are you?" — State, country, town, place, floor (or ward) /5

Memory registration(3 pts. if correct first time, 2 if correct second time, 1 if correct third time)

3. Tell the patient that you want him/her to remember something for you, then name three unrelated objects (speak clearly and slowly). Ask the patient to repeat the three objects. Ask the patient to keep the three things in mind. /3

Attention and concentration (1 pt. for each correct answer OR 1 pt. for each correct letter)

4. Ask the patient to take seven from 100, then seven from the result, and so on for five subtractions. /5
- OR
- Ask the patient to spell "world" backwards.

Memory recall (1 pt. each)

5. Ask the patient to recall the three objects from test 3. /3

Language (1 pt. for each or 1 pt. for each part of each question)

6. Show the patient two familiar objects and ask him/her to name them. /2
7. Ask the patient to repeat a sentence after you: "No ifs, ands or buts." /1
8. Ask the patient to follow a three-stage command: "Please take this paper in your left hand, fold it in half and put the paper on the floor." /3
9. Ask the patient to read and follow a written instruction, e.g., "Close your eyes." /1
10. Ask the patient to write a simple sentence. The sentence should contain a subject and a verb and should make sense. /1

11. Ask the patient to copy a picture of intersecting pentagons.

MMSE:MMSE11

/1

Total score

MMSE:MMSETOT

/30

A score below 24 indicates probable cognitive impairment.
A score below 17 indicates definite cognitive impairment.
For subjects who are not literate, parameters 4, 9 and 10 may not be assessable and the total score may be less than 30.

Comments for page: MMSE:COMMENT

Submit Query

Cancel

Form Completion Help

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**Neuropsychological Dysfunction
and Neuroimaging Abnormalities
in Neurologically Intact Adult
Patients With Sickle Cell Disease**

Profile of Mood States

Pilot Transfusion Trial

{visit.label}

Subject ID:
Site:

Date of assessment: / /
DD MMM YYYY

INSTRUCTIONS:

Below is a list of words that describe feelings people have. Please read each one carefully.

Then fill in **ONE** circle under the answer to the right which best describes

HOW YOU HAVE BEEN FEELING DURING THE PAST WEEK INCLUDING TODAY?

		Not at all	A little	Moderately	Quite a bit	Extremely
1.	Friendly	<input type="checkbox"/> (POMS:POMS1) 0	<input type="checkbox"/> (POMS:POMS1) 1	<input type="checkbox"/> (POMS:POMS1) 2	<input type="checkbox"/> (POMS:POMS1) 3	<input type="checkbox"/> (POMS:POMS1) 4
2.	Tense	<input type="checkbox"/> (POMS:POMS2) 0	<input type="checkbox"/> (POMS:POMS2) 1	<input type="checkbox"/> (POMS:POMS2) 2	<input type="checkbox"/> (POMS:POMS2) 3	<input type="checkbox"/> (POMS:POMS2) 4
3.	Angry	<input type="checkbox"/> (POMS:POMS3) 0	<input type="checkbox"/> (POMS:POMS3) 1	<input type="checkbox"/> (POMS:POMS3) 2	<input type="checkbox"/> (POMS:POMS3) 3	<input type="checkbox"/> (POMS:POMS3) 4
4.	Worn out	<input type="checkbox"/> (POMS:POMS4) 0	<input type="checkbox"/> (POMS:POMS4) 1	<input type="checkbox"/> (POMS:POMS4) 2	<input type="checkbox"/> (POMS:POMS4) 3	<input type="checkbox"/> (POMS:POMS4) 4
5.	Unhappy	<input type="checkbox"/> (POMS:POMS5) 0	<input type="checkbox"/> (POMS:POMS5) 1	<input type="checkbox"/> (POMS:POMS5) 2	<input type="checkbox"/> (POMS:POMS5) 3	<input type="checkbox"/> (POMS:POMS5) 4
6.	Clear-headed	<input type="checkbox"/> (POMS:POMS6) 0	<input type="checkbox"/> (POMS:POMS6) 1	<input type="checkbox"/> (POMS:POMS6) 2	<input type="checkbox"/> (POMS:POMS6) 3	<input type="checkbox"/> (POMS:POMS6) 4
7.	Lively	<input type="checkbox"/> (POMS:POMS7) 0	<input type="checkbox"/> (POMS:POMS7) 1	<input type="checkbox"/> (POMS:POMS7) 2	<input type="checkbox"/> (POMS:POMS7) 3	<input type="checkbox"/> (POMS:POMS7) 4
8.	Confused	<input type="checkbox"/> (POMS:POMS8) 0	<input type="checkbox"/> (POMS:POMS8) 1	<input type="checkbox"/> (POMS:POMS8) 2	<input type="checkbox"/> (POMS:POMS8) 3	<input type="checkbox"/> (POMS:POMS8) 4
9.	Sorry for things done	<input type="checkbox"/> (POMS:POMS9) 0	<input type="checkbox"/> (POMS:POMS9) 1	<input type="checkbox"/> (POMS:POMS9) 2	<input type="checkbox"/> (POMS:POMS9) 3	<input type="checkbox"/> (POMS:POMS9) 4
10.	Shaky	<input type="checkbox"/> (POMS:POMS10) 0	<input type="checkbox"/> (POMS:POMS10) 1	<input type="checkbox"/> (POMS:POMS10) 2	<input type="checkbox"/> (POMS:POMS10) 3	<input type="checkbox"/> (POMS:POMS10) 4
11.	Listless	<input type="checkbox"/> (POMS:POMS11) 0	<input type="checkbox"/> (POMS:POMS11) 1	<input type="checkbox"/> (POMS:POMS11) 2	<input type="checkbox"/> (POMS:POMS11) 3	<input type="checkbox"/> (POMS:POMS11) 4
12.	Peeved	<input type="checkbox"/> (POMS:POMS12) 0	<input type="checkbox"/> (POMS:POMS12) 1	<input type="checkbox"/> (POMS:POMS12) 2	<input type="checkbox"/> (POMS:POMS12) 3	<input type="checkbox"/> (POMS:POMS12) 4
13.	Considerate	<input type="checkbox"/> (POMS:POMS13) 0	<input type="checkbox"/> (POMS:POMS13) 1	<input type="checkbox"/> (POMS:POMS13) 2	<input type="checkbox"/> (POMS:POMS13) 3	<input type="checkbox"/> (POMS:POMS13) 4
14.	Sad	<input type="checkbox"/> (POMS:POMS14) 0	<input type="checkbox"/> (POMS:POMS14) 1	<input type="checkbox"/> (POMS:POMS14) 2	<input type="checkbox"/> (POMS:POMS14) 3	<input type="checkbox"/> (POMS:POMS14) 4
15.	Active	<input type="checkbox"/> (POMS:POMS15) 0	<input type="checkbox"/> (POMS:POMS15) 1	<input type="checkbox"/> (POMS:POMS15) 2	<input type="checkbox"/> (POMS:POMS15) 3	<input type="checkbox"/> (POMS:POMS15) 4
16.	On edge	<input type="checkbox"/> (POMS:POMS16) 0	<input type="checkbox"/> (POMS:POMS16) 1	<input type="checkbox"/> (POMS:POMS16) 2	<input type="checkbox"/> (POMS:POMS16) 3	<input type="checkbox"/> (POMS:POMS16) 4
17.	Grouchy	<input type="checkbox"/> (POMS:POMS17) 0	<input type="checkbox"/> (POMS:POMS17) 1	<input type="checkbox"/> (POMS:POMS17) 2	<input type="checkbox"/> (POMS:POMS17) 3	<input type="checkbox"/> (POMS:POMS17) 4
18.	Blue	<input type="checkbox"/> (POMS:POMS18) 0	<input type="checkbox"/> (POMS:POMS18) 1	<input type="checkbox"/> (POMS:POMS18) 2	<input type="checkbox"/> (POMS:POMS18) 3	<input type="checkbox"/> (POMS:POMS18) 4
19.	Energetic	<input type="checkbox"/> (POMS:POMS19) 0	<input type="checkbox"/> (POMS:POMS19) 1	<input type="checkbox"/> (POMS:POMS19) 2	<input type="checkbox"/> (POMS:POMS19) 3	<input type="checkbox"/> (POMS:POMS19) 4

20.	Panicky	<input type="checkbox"/> (POMS:POMS20) 0	<input type="checkbox"/> (POMS:POMS20) 1	<input type="checkbox"/> (POMS:POMS20) 2	<input type="checkbox"/> (POMS:POMS20) 3	<input type="checkbox"/> (POMS:POMS20) 4
21.	Hopeless	<input type="checkbox"/> (POMS:POMS21) 0	<input type="checkbox"/> (POMS:POMS21) 1	<input type="checkbox"/> (POMS:POMS21) 2	<input type="checkbox"/> (POMS:POMS21) 3	<input type="checkbox"/> (POMS:POMS21) 4
22.	Relaxed	<input type="checkbox"/> (POMS:POMS22) 0	<input type="checkbox"/> (POMS:POMS22) 1	<input type="checkbox"/> (POMS:POMS22) 2	<input type="checkbox"/> (POMS:POMS22) 3	<input type="checkbox"/> (POMS:POMS22) 4
23.	Unworthy	<input type="checkbox"/> (POMS:POMS23) 0	<input type="checkbox"/> (POMS:POMS23) 1	<input type="checkbox"/> (POMS:POMS23) 2	<input type="checkbox"/> (POMS:POMS23) 3	<input type="checkbox"/> (POMS:POMS23) 4
24.	Spiteful	<input type="checkbox"/> (POMS:POMS24) 0	<input type="checkbox"/> (POMS:POMS24) 1	<input type="checkbox"/> (POMS:POMS24) 2	<input type="checkbox"/> (POMS:POMS24) 3	<input type="checkbox"/> (POMS:POMS24) 4
25.	Sympathetic	<input type="checkbox"/> (POMS:POMS25) 0	<input type="checkbox"/> (POMS:POMS25) 1	<input type="checkbox"/> (POMS:POMS25) 2	<input type="checkbox"/> (POMS:POMS25) 3	<input type="checkbox"/> (POMS:POMS25) 4
26.	Uneasy	<input type="checkbox"/> (POMS:POMS26) 0	<input type="checkbox"/> (POMS:POMS26) 1	<input type="checkbox"/> (POMS:POMS26) 2	<input type="checkbox"/> (POMS:POMS26) 3	<input type="checkbox"/> (POMS:POMS26) 4
27.	Restless	<input type="checkbox"/> (POMS:POMS27) 0	<input type="checkbox"/> (POMS:POMS27) 1	<input type="checkbox"/> (POMS:POMS27) 2	<input type="checkbox"/> (POMS:POMS27) 3	<input type="checkbox"/> (POMS:POMS27) 4
28.	Unable to concentrate	<input type="checkbox"/> (POMS:POMS28) 0	<input type="checkbox"/> (POMS:POMS28) 1	<input type="checkbox"/> (POMS:POMS28) 2	<input type="checkbox"/> (POMS:POMS28) 3	<input type="checkbox"/> (POMS:POMS28) 4
29.	Fatigued	<input type="checkbox"/> (POMS:POMS29) 0	<input type="checkbox"/> (POMS:POMS29) 1	<input type="checkbox"/> (POMS:POMS29) 2	<input type="checkbox"/> (POMS:POMS29) 3	<input type="checkbox"/> (POMS:POMS29) 4
30.	Helpful	<input type="checkbox"/> (POMS:POMS30) 0	<input type="checkbox"/> (POMS:POMS30) 1	<input type="checkbox"/> (POMS:POMS30) 2	<input type="checkbox"/> (POMS:POMS30) 3	<input type="checkbox"/> (POMS:POMS30) 4
31.	Annoyed	<input type="checkbox"/> (POMS:POMS31) 0	<input type="checkbox"/> (POMS:POMS31) 1	<input type="checkbox"/> (POMS:POMS31) 2	<input type="checkbox"/> (POMS:POMS31) 3	<input type="checkbox"/> (POMS:POMS31) 4
32.	Discouraged	<input type="checkbox"/> (POMS:POMS32) 0	<input type="checkbox"/> (POMS:POMS32) 1	<input type="checkbox"/> (POMS:POMS32) 2	<input type="checkbox"/> (POMS:POMS32) 3	<input type="checkbox"/> (POMS:POMS32) 4
33.	Resentful	<input type="checkbox"/> (POMS:POMS33) 0	<input type="checkbox"/> (POMS:POMS33) 1	<input type="checkbox"/> (POMS:POMS33) 2	<input type="checkbox"/> (POMS:POMS33) 3	<input type="checkbox"/> (POMS:POMS33) 4
34.	Nervous	<input type="checkbox"/> (POMS:POMS34) 0	<input type="checkbox"/> (POMS:POMS34) 1	<input type="checkbox"/> (POMS:POMS34) 2	<input type="checkbox"/> (POMS:POMS34) 3	<input type="checkbox"/> (POMS:POMS34) 4
35.	Lonely	<input type="checkbox"/> (POMS:POMS35) 0	<input type="checkbox"/> (POMS:POMS35) 1	<input type="checkbox"/> (POMS:POMS35) 2	<input type="checkbox"/> (POMS:POMS35) 3	<input type="checkbox"/> (POMS:POMS35) 4
36.	Miserable	<input type="checkbox"/> (POMS:POMS36) 0	<input type="checkbox"/> (POMS:POMS36) 1	<input type="checkbox"/> (POMS:POMS36) 2	<input type="checkbox"/> (POMS:POMS36) 3	<input type="checkbox"/> (POMS:POMS36) 4
37.	Muddled	<input type="checkbox"/> (POMS:POMS37) 0	<input type="checkbox"/> (POMS:POMS37) 1	<input type="checkbox"/> (POMS:POMS37) 2	<input type="checkbox"/> (POMS:POMS37) 3	<input type="checkbox"/> (POMS:POMS37) 4
38.	Cheerful	<input type="checkbox"/> (POMS:POMS38) 0	<input type="checkbox"/> (POMS:POMS38) 1	<input type="checkbox"/> (POMS:POMS38) 2	<input type="checkbox"/> (POMS:POMS38) 3	<input type="checkbox"/> (POMS:POMS38) 4
39.	Bitter	<input type="checkbox"/> (POMS:POMS39) 0	<input type="checkbox"/> (POMS:POMS39) 1	<input type="checkbox"/> (POMS:POMS39) 2	<input type="checkbox"/> (POMS:POMS39) 3	<input type="checkbox"/> (POMS:POMS39) 4
40.	Exhausted	<input type="checkbox"/> (POMS:POMS40) 0	<input type="checkbox"/> (POMS:POMS40) 1	<input type="checkbox"/> (POMS:POMS40) 2	<input type="checkbox"/> (POMS:POMS40) 3	<input type="checkbox"/> (POMS:POMS40) 4
41.	Anxious	<input type="checkbox"/> (POMS:POMS41) 0	<input type="checkbox"/> (POMS:POMS41) 1	<input type="checkbox"/> (POMS:POMS41) 2	<input type="checkbox"/> (POMS:POMS41) 3	<input type="checkbox"/> (POMS:POMS41) 4
42.	Ready to fight	<input type="checkbox"/> (POMS:POMS42) 0	<input type="checkbox"/> (POMS:POMS42) 1	<input type="checkbox"/> (POMS:POMS42) 2	<input type="checkbox"/> (POMS:POMS42) 3	<input type="checkbox"/> (POMS:POMS42) 4
43.	Good natured	<input type="checkbox"/> (POMS:POMS43) 0	<input type="checkbox"/> (POMS:POMS43) 1	<input type="checkbox"/> (POMS:POMS43) 2	<input type="checkbox"/> (POMS:POMS43) 3	<input type="checkbox"/> (POMS:POMS43) 4
44.	Gloomy	<input type="checkbox"/> (POMS:POMS44) 0	<input type="checkbox"/> (POMS:POMS44) 1	<input type="checkbox"/> (POMS:POMS44) 2	<input type="checkbox"/> (POMS:POMS44) 3	<input type="checkbox"/> (POMS:POMS44) 4
45.	Desperate	<input type="checkbox"/> (POMS:POMS45) 0	<input type="checkbox"/> (POMS:POMS45) 1	<input type="checkbox"/> (POMS:POMS45) 2	<input type="checkbox"/> (POMS:POMS45) 3	<input type="checkbox"/> (POMS:POMS45) 4
46.	Sluggish	<input type="checkbox"/> (POMS:POMS46)	<input type="checkbox"/> (POMS:POMS46)	<input type="checkbox"/> (POMS:POMS46)	<input type="checkbox"/> (POMS:POMS46)	<input type="checkbox"/> (POMS:POMS46)

	0	1	2	3	4
47. Rebellious	<input type="checkbox"/> (POMS:POMS47) 0	<input type="checkbox"/> (POMS:POMS47) 1	<input type="checkbox"/> (POMS:POMS47) 2	<input type="checkbox"/> (POMS:POMS47) 3	<input type="checkbox"/> (POMS:POMS47) 4
48. Helpless	<input type="checkbox"/> (POMS:POMS48) 0	<input type="checkbox"/> (POMS:POMS48) 1	<input type="checkbox"/> (POMS:POMS48) 2	<input type="checkbox"/> (POMS:POMS48) 3	<input type="checkbox"/> (POMS:POMS48) 4
49. Weary	<input type="checkbox"/> (POMS:POMS49) 0	<input type="checkbox"/> (POMS:POMS49) 1	<input type="checkbox"/> (POMS:POMS49) 2	<input type="checkbox"/> (POMS:POMS49) 3	<input type="checkbox"/> (POMS:POMS49) 4
50. Bewildered	<input type="checkbox"/> (POMS:POMS50) 0	<input type="checkbox"/> (POMS:POMS50) 1	<input type="checkbox"/> (POMS:POMS50) 2	<input type="checkbox"/> (POMS:POMS50) 3	<input type="checkbox"/> (POMS:POMS50) 4
51. Alert	<input type="checkbox"/> (POMS:POMS51) 0	<input type="checkbox"/> (POMS:POMS51) 1	<input type="checkbox"/> (POMS:POMS51) 2	<input type="checkbox"/> (POMS:POMS51) 3	<input type="checkbox"/> (POMS:POMS51) 4
52. Deceived	<input type="checkbox"/> (POMS:POMS52) 0	<input type="checkbox"/> (POMS:POMS52) 1	<input type="checkbox"/> (POMS:POMS52) 2	<input type="checkbox"/> (POMS:POMS52) 3	<input type="checkbox"/> (POMS:POMS52) 4
53. Furious	<input type="checkbox"/> (POMS:POMS53) 0	<input type="checkbox"/> (POMS:POMS53) 1	<input type="checkbox"/> (POMS:POMS53) 2	<input type="checkbox"/> (POMS:POMS53) 3	<input type="checkbox"/> (POMS:POMS53) 4
54. Efficient	<input type="checkbox"/> (POMS:POMS54) 0	<input type="checkbox"/> (POMS:POMS54) 1	<input type="checkbox"/> (POMS:POMS54) 2	<input type="checkbox"/> (POMS:POMS54) 3	<input type="checkbox"/> (POMS:POMS54) 4
55. Trusting	<input type="checkbox"/> (POMS:POMS55) 0	<input type="checkbox"/> (POMS:POMS55) 1	<input type="checkbox"/> (POMS:POMS55) 2	<input type="checkbox"/> (POMS:POMS55) 3	<input type="checkbox"/> (POMS:POMS55) 4
56. Full of pep	<input type="checkbox"/> (POMS:POMS56) 0	<input type="checkbox"/> (POMS:POMS56) 1	<input type="checkbox"/> (POMS:POMS56) 2	<input type="checkbox"/> (POMS:POMS56) 3	<input type="checkbox"/> (POMS:POMS56) 4
57. Bad-tempered	<input type="checkbox"/> (POMS:POMS57) 0	<input type="checkbox"/> (POMS:POMS57) 1	<input type="checkbox"/> (POMS:POMS57) 2	<input type="checkbox"/> (POMS:POMS57) 3	<input type="checkbox"/> (POMS:POMS57) 4
58. Worthless	<input type="checkbox"/> (POMS:POMS58) 0	<input type="checkbox"/> (POMS:POMS58) 1	<input type="checkbox"/> (POMS:POMS58) 2	<input type="checkbox"/> (POMS:POMS58) 3	<input type="checkbox"/> (POMS:POMS58) 4
59. Forgetful	<input type="checkbox"/> (POMS:POMS59) 0	<input type="checkbox"/> (POMS:POMS59) 1	<input type="checkbox"/> (POMS:POMS59) 2	<input type="checkbox"/> (POMS:POMS59) 3	<input type="checkbox"/> (POMS:POMS59) 4
60. Carefree	<input type="checkbox"/> (POMS:POMS60) 0	<input type="checkbox"/> (POMS:POMS60) 1	<input type="checkbox"/> (POMS:POMS60) 2	<input type="checkbox"/> (POMS:POMS60) 3	<input type="checkbox"/> (POMS:POMS60) 4
61. Terrified	<input type="checkbox"/> (POMS:POMS61) 0	<input type="checkbox"/> (POMS:POMS61) 1	<input type="checkbox"/> (POMS:POMS61) 2	<input type="checkbox"/> (POMS:POMS61) 3	<input type="checkbox"/> (POMS:POMS61) 4
62. Guilty	<input type="checkbox"/> (POMS:POMS62) 0	<input type="checkbox"/> (POMS:POMS62) 1	<input type="checkbox"/> (POMS:POMS62) 2	<input type="checkbox"/> (POMS:POMS62) 3	<input type="checkbox"/> (POMS:POMS62) 4
63. Vigorous	<input type="checkbox"/> (POMS:POMS63) 0	<input type="checkbox"/> (POMS:POMS63) 1	<input type="checkbox"/> (POMS:POMS63) 2	<input type="checkbox"/> (POMS:POMS63) 3	<input type="checkbox"/> (POMS:POMS63) 4
64. Uncertain about things	<input type="checkbox"/> (POMS:POMS64) 0	<input type="checkbox"/> (POMS:POMS64) 1	<input type="checkbox"/> (POMS:POMS64) 2	<input type="checkbox"/> (POMS:POMS64) 3	<input type="checkbox"/> (POMS:POMS64) 4
65. Bushed	<input type="checkbox"/> (POMS:POMS65) 0	<input type="checkbox"/> (POMS:POMS65) 1	<input type="checkbox"/> (POMS:POMS65) 2	<input type="checkbox"/> (POMS:POMS65) 3	<input type="checkbox"/> (POMS:POMS65) 4

Make Sure You Have Answered Every Item!

From McNair et. al, 1971, 2003.

Depression-

Dejection:

Comments for page:

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Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease	Hematology and Chemistry Pilot Transfusion Trial	
	{visit.label}	Subject ID: Site:

For all subjects in the Pilot Transfusion Phase, labs must be repeated at phase entry, at the 3-month mark, and at the end of the phase. For subjects in the transfusion arm, these labs are also repeated at each pre-transfusion visit.

Hematology Collection date:

/ /
DD MMM YYYY

**HEMATOLOGY
TESTS**

VALUE

Hemoglobin (g/dL)
 Hemoglobin S (%)
 Hematocrit (%)
 WBC (x10³ / mm³)
 Neutrophils (%)
 Platelet count (x10³ / mm³)

Serum Chemistry Collection date:

/ /
DD MMM YYYY

**SERUM CHEMISTRY
TESTS**

VALUE

Creatinine (mg/dL)
 BUN (mg/dL)

(LAB2:GLUCFAS) fasting
 (LAB2:GLUCFAS) non-fasting (fasting preferable)

Glucose (mg/dL)

AST (IU/L)
 ALT (IU/L)
 Total bilirubin (mg/dL)
 LDH (U/L)
Ferritin (ng/mL)

*(At entry, ferritin must be < 1,500
ng/mL.)*

LAB2:FERRITN

Comments for page: LAB2:COMMENT

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Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease	Intake and Chart Review	
	Pilot Transfusion Trial	
	{visit.label}	Subject ID: Site:

Completion Date: / /
 DD MMM YYYY

Please indicate whether or not there is a past history of the following events and symptoms. For any events marked "Yes", record the onset date of the most recent event in dd/mmm/yy format and answer any specific questions in the comments column. **Review the exclusion criteria for any events marked "Yes"**. Indicate if the condition is ongoing by checking the last column.

Symptom/Event	Past History		If "yes", record pertinent comments. Record all date(s) known in the dd/mmm/yy format.	Check if ongoing
	Yes	No		
Chronic illness (not SCD related) that may affect neurocognitive functioning (exclude if "yes")	<input type="checkbox"/> (MEDH:ILLNES)	<input type="checkbox"/> (MEDH:ILLNES)	Specify Illness(es): <input type="text" value="MEDH: ILLNESS"/>	<input type="checkbox"/> (MEDH:ILLNESO)
Cancer requiring chemotherapy and/or radiation (exclude if "yes")	<input type="checkbox"/> (MEDH:CANCER)	<input type="checkbox"/> (MEDH:CANCER)	<input type="text" value="MEDH: CANCERS"/>	<input type="checkbox"/> (MEDH:CANCERO)
History of chronic transfusion (exclude if currently on chronic transfusion)	<input type="checkbox"/> (MEDH:CTRANS)	<input type="checkbox"/> (MEDH:CTRANS)	<input type="text" value="MEDH: CTRANS"/>	<input type="checkbox"/> (MEDH:CTRANSO)
Ongoing active infection (such as HIV, tuberculosis, sarcoidosis) (exclude if "yes")	<input type="checkbox"/> (MEDH:INFECT)	<input type="checkbox"/> (MEDH:INFECT)	Specify infection: <input type="text" value="MEDH: INFECTS"/>	<input type="checkbox"/> (MEDH:INFECTO)
Acquired or congenital immune deficiency or disorder (exclude if "yes")	<input type="checkbox"/> (MEDH:IMMUNE)	<input type="checkbox"/> (MEDH:IMMUNE)	Specify disorder: <input type="text" value="MEDH: IMMUNES"/>	<input type="checkbox"/> (MEDH:IMMUNEO)
Active hepatitis (exclude if "yes")	<input type="checkbox"/> (MEDH:HEPAT)	<input type="checkbox"/> (MEDH:HEPAT)	<input type="text" value="MEDH: HEPATS"/>	<input type="checkbox"/> (MEDH:HEPATO)
Liver failure (exclude if "yes")	<input type="checkbox"/> (MEDH:LIVERF)	<input type="checkbox"/> (MEDH:LIVERF)	<input type="text" value="MEDH: LIVERFS"/>	<input type="checkbox"/> (MEDH:LIVERFO)
Chronic endocrine organ problem that requires hormone replacement	<input type="checkbox"/> (MEDH:HORMON)	<input type="checkbox"/> (MEDH:HORMON)	Specify disorder and hormone treatment: <input type="text" value="MEDH: HORMONS"/>	<input type="checkbox"/> (MEDH:HORMONO)
Endocrine organ failure	<input type="checkbox"/> (MEDH:ENDORG)	<input type="checkbox"/> (MEDH:ENDORG)	<input type="text" value="MEDH: ENDORGS"/>	<input type="checkbox"/> (MEDH:ENDORGO)
Diabetes (exclude if "yes")	<input type="checkbox"/> (MEDH:DIABET)	<input type="checkbox"/> (MEDH:DIABET)	Specify type and treatment: <input type="text" value="MEDH: DIABETS"/>	<input type="checkbox"/> (MEDH:DIABETO)
Untreated hyperlipidemia (exclude if "yes")	<input type="checkbox"/> (MEDH:HYPERL)	<input type="checkbox"/> (MEDH:HYPERL)	<input type="text" value="MEDH: HYPERLS"/>	<input type="checkbox"/> (MEDH:HYPERLO)
Chronic renal failure with creatinine > 2 mg/dL (exclude if "yes")	<input type="checkbox"/> (MEDH:RENALF)	<input type="checkbox"/> (MEDH:RENALF)	<input type="text" value="MEDH: RENALFS"/>	<input type="checkbox"/> (MEDH:RENALFO)
Dialysis (exclude if "yes")	<input type="checkbox"/> (MEDH:DIALYS)	<input type="checkbox"/> (MEDH:DIALYS)	<input type="text" value="MEDH: DIALYSS"/>	<input type="checkbox"/> (MEDH:DIALYSO)
Underlying gastrointestinal disease not related to SCD	<input type="checkbox"/> (MEDH:GASTRO)	<input type="checkbox"/> (MEDH:GASTRO)	Specify disorder: <input type="text" value="MEDH: GASTROS"/>	<input type="checkbox"/> (MEDH:GASTROO)
History of psychiatric medication	<input type="checkbox"/> (MEDH:PSYCMD)	<input type="checkbox"/> (MEDH:PSYCMD)	Specify medication: <input type="text" value="MEDH: PSYCMDS"/>	<input type="checkbox"/> (MEDH:PSYCMDO)
History of psychoses (delusion, hallucination)	<input type="checkbox"/> (MEDH:PSYCHO)	<input type="checkbox"/> (MEDH:PSYCHO)		<input type="checkbox"/> (MEDH:PSYCHOO)

(exclude if "yes")

MEDH: PSYCHOS

Psychiatric disorder resulting in hospitalization for psychoses

(MEDH:PSYCDI) (MEDH:PSYCDI)

Specify disorder:
MEDH: PSYCDIS

(MEDH:PSYCDIO)

Claustrophobia and/or presence of metallic implants such as pacemakers, surgical aneurysm clips, or known metal fragments embedded in the body
(exclude if "yes")

(MEDH:CLAUST) (MEDH:CLAUST)

MEDH: CLAUSTS

(MEDH:CLAUSTO)

Symptom/Event	Past History		If "yes", record pertinent comments. Record all date(s) known in the dd/mm/yy format.	Check if ongoing
	Yes	No		
Congestive heart failure (exclude if "yes")	<input type="checkbox"/> (MEDH:HEARTF)	<input type="checkbox"/> (MEDH:HEARTF)	MEDH: HEARTFS	<input type="checkbox"/> (MEDH:HEARTFO)
Heart medication	<input type="checkbox"/> (MEDH:HARTMD)	<input type="checkbox"/> (MEDH:HARTMD)	Specify medication and indication: MEDH: HARTMDS	<input type="checkbox"/> (MEDH:HARTMDO)
Coronary artery disease (severe characterized by angioplasty or surgery) (exclude if "yes")	<input type="checkbox"/> (MEDH:CORART)	<input type="checkbox"/> (MEDH:CORART)	Specify treatment: MEDH: CORARTS	<input type="checkbox"/> (MEDH:CORARTO)
Inflammatory arterial disorder (such as lupus or polyarteritis) (exclude if "yes")	<input type="checkbox"/> (MEDH:INFART)	<input type="checkbox"/> (MEDH:INFART)	Specify disorder and treatment: MEDH: INFARTS	<input type="checkbox"/> (MEDH:INFARTO)
Angina (exclude if "yes")	<input type="checkbox"/> (MEDH:ANGINA)	<input type="checkbox"/> (MEDH:ANGINA)	MEDH: ANGINAS	<input type="checkbox"/> (MEDH:ANGINAO)
Arrhythmia	<input type="checkbox"/> (MEDH:ARRHYT)	<input type="checkbox"/> (MEDH:ARRHYT)	MEDH: ARRHYTS	<input type="checkbox"/> (MEDH:ARRHYTO)
Uncontrolled hypertension (exclude if "yes")	<input type="checkbox"/> (MEDH:HYPERT)	<input type="checkbox"/> (MEDH:HYPERT)	MEDH: HYPERTS	<input type="checkbox"/> (MEDH:HYPERTO)
Thrombosis requiring anticoagulant	<input type="checkbox"/> (MEDH:THROMB)	<input type="checkbox"/> (MEDH:THROMB)	Specify anticoagulant: MEDH: THROMBS	<input type="checkbox"/> (MEDH:THROMBO)
Sleep apnea documented by abnormal sleep study	<input type="checkbox"/> (MEDH:APNEA)	<input type="checkbox"/> (MEDH:APNEA)	MEDH: APNEAS	<input type="checkbox"/> (MEDH:APNEAO)
Chronic end-stage lung disease (e.g., characterized by need for oxygen or O ₂ Sat < 90%) (exclude if "yes")	<input type="checkbox"/> (MEDH:LUNGDI)	<input type="checkbox"/> (MEDH:LUNGDI)	MEDH: LUNGDIS	<input type="checkbox"/> (MEDH:LUNGDIO)
Difficulties with breathing	<input type="checkbox"/> (MEDH:VENTIL)	<input type="checkbox"/> (MEDH:VENTIL)		<input type="checkbox"/> (MEDH:VENTILO)

MEDH: VENTILS

Asthma requiring medication

(MEDH:ASTHMA)

(MEDH:ASTHMA)

Specify medication:

(MEDH:ASTHMAO)

MEDH: ASTHMAS

Acute Chest Syndrome requiring hospitalization

(MEDH:ACSHOS)

(MEDH:ACSHOS)

Indicate the number of times:

(MEDH:ACSHOSO)

(MEDH:ACSHOSN) 1-4 (MEDH:ACSHOSN) 5-9 (MEDH:ACSHOSN) >10

MEDH: ACSHOSS

Avascular Necrosis

(MEDH:AVN)

(MEDH:AVN)

Specify bone/joint:

(MEDH:AVNO)

MEDH: AVNS

If subject is female and has been pregnant: Life-threatening complications of pregnancy

N/A

(MEDH:PRGCOM)

(MEDH:PRGCOM)

MEDH: PRGCOMS

(MEDH:PRGCOMO)

(MEDH:PRGCOM)

MEDH: PRGCOMS

Comments for page: MEDH: COMMENT

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Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease

Intake and Chart Review Neurological Pilot Transfusion Trial

{visit.label}

Subject ID:

Site:

Completion Date: / /
DD MMM YYYY

Please indicate whether or not there is a past history of the following events and symptoms. For any events marked "Yes", record the onset date of the most recent event (if known) and answer any specific questions in the comments column. **Review the exclusion criteria for any events marked "Yes"**. Indicate if the condition is ongoing by checking the last column.

Symptom/Event	Past History		If "yes", record pertinent comments. Record all date(s) known in the dd/mmm/yy format.	Check if ongoing
	Yes	No		
Alteration of level of consciousness	<input type="checkbox"/> (NEUH:LVLCON)	<input type="checkbox"/> (NEUH:LVLCON)	NEUH:LVLCONS	<input type="checkbox"/> (NEUH:LVLCONO)
Two or more headaches per month requiring treatment	<input type="checkbox"/> (NEUH:HEADAC)	<input type="checkbox"/> (NEUH:HEADAC)	Severe enough to interfere with functioning? <input type="checkbox"/> (NEUH:HEADSEV) Yes <input type="checkbox"/> (NEUH:HEADSEV) No NEUH:HEADACS	<input type="checkbox"/> (NEUH:HEADACO)
Hemiparesis or other weakness - Face	<input type="checkbox"/> (NEUH:HEMFAC)	<input type="checkbox"/> (NEUH:HEMFAC)	Specify location : NEUH:HEMFACS	<input type="checkbox"/> (NEUH:HEMFACO)
Hemiparesis or other weakness - Arm	<input type="checkbox"/> (NEUH:HEMARM)	<input type="checkbox"/> (NEUH:HEMARM)	<input type="checkbox"/> (NEUH:HEMARMR) Right <input type="checkbox"/> (NEUH:HEMARML) Left NEUH:HEMARMS	<input type="checkbox"/> (NEUH:HEMARMO)
Hemiparesis or other weakness - Leg	<input type="checkbox"/> (NEUH:HEMLEG)	<input type="checkbox"/> (NEUH:HEMLEG)	<input type="checkbox"/> (NEUH:HEMLEGR) Right <input type="checkbox"/> (NEUH:HEMLEGL) Left NEUH:HEMLEGS	<input type="checkbox"/> (NEUH:HEMLEGO)
Overt stroke (exclude if "yes")	<input type="checkbox"/> (NEUH:STROKE)	<input type="checkbox"/> (NEUH:STROKE)	NEUH:STROKES	<input type="checkbox"/> (NEUH:STROKEO)
Loss of vision	<input type="checkbox"/> (NEUH:VISION)	<input type="checkbox"/> (NEUH:VISION)	NEUH:VISIONS	<input type="checkbox"/> (NEUH:VISIONO)
Alteration of speech	<input type="checkbox"/> (NEUH:SPEECH)	<input type="checkbox"/> (NEUH:SPEECH)	NEUH:SPEECHS	<input type="checkbox"/> (NEUH:SPEECHO)
Clumsiness	<input type="checkbox"/> (NEUH:CLUMSY)	<input type="checkbox"/> (NEUH:CLUMSY)	NEUH:CLUMSYS	<input type="checkbox"/> (NEUH:CLUMSYO)
Seizures	<input type="checkbox"/> (NEUH:SEIZUR)	<input type="checkbox"/> (NEUH:SEIZUR)		<input type="checkbox"/> (NEUH:SEIZURO)

NEUH : SEIZURS

Numbness or other sensory disturbance - Face

(NEUH:NUMFAC) (NEUH:NUMFAC)

Specify location :

(NEUH:NUMFACO)

NEUH : NUMFACS

Numbness or other sensory disturbance - Arm

(NEUH:NUMARM) (NEUH:NUMARM) (NEUH:NUMARMR) Right (NEUH:NUMARML) Left

(NEUH:NUMARMO)

NEUH : NUMARMS

Numbness or other sensory disturbance - Leg

(NEUH:NUMLEG) (NEUH:NUMLEG) (NEUH:NUMLEGR) Right (NEUH:NUMLEGL) Left

(NEUH:NUMLEGO)

NEUH : NUMLEGS

Abnormal movements (e.g. tremors)

(NEUH:ABNMOV) (NEUH:ABNMOV)

NEUH : ABNMOVS

(NEUH:ABNMOVO)

Abnormal MRI or CT (other than small periventricular or watershed lesions) (exclude if "yes")

(NEUH:ABNMRI) (NEUH:ABNMRI)

NEUH : ABNMRI S

(NEUH:ABNMRIO)

Neurodegenerative disorders (exclude if "yes")

(NEUH:NEUROD) (NEUH:NEUROD)

Specify disorder:

(NEUH:NEURODO)

NEUH : NEURODS

Genetic disorder associated with neurocognitive dysfunction such as Down Syndrome (exclude if "yes")

(NEUH:GENET) (NEUH:GENET)

Specify disorder:

(NEUH:GENETO)

NEUH : GENETS

Head injury resulting in neurological symptoms or medical visit (exclude if "yes")

(NEUH:HEADIN) (NEUH:HEADIN)

NEUH : HEADINS

(NEUH:HEADINO)

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Rho

Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease	Focal Neurological Assessment	
	Pilot Transfusion Trial	
	{visit.label}	Subject ID: Site:

Date of Assessment: / /
 DD MMM YYYY

Level of Consciousness: **Comments**

<input type="checkbox"/> (FOCL:LVLCON) Alert	<input type="checkbox"/> (FOCL:LVLCON) Confused	<input type="checkbox"/> (FOCL:LVLCON) Poorly Responsive	<input type="checkbox"/> (FOCL:LVLCON) Not Done	<input style="width: 90%;" type="text" value="FOCL:LVLCONC"/>
---	--	--	--	---

Tandem Gait:

<input type="checkbox"/> (FOCL:GAIT) Normal	<input type="checkbox"/> (FOCL:GAIT) 1-2 Faults	<input type="checkbox"/> (FOCL:GAIT) 3+ Faults	<input type="checkbox"/> (FOCL:GAIT) Not Done	<input style="width: 90%;" type="text" value="FOCL:GAITC"/>
--	--	---	--	---

Cranial Nerves (III-XII)

CN III, IV, VI	Normal	Abnormal	Not done
-----------------------	--------	----------	----------

Pupils	<input type="checkbox"/> (FOCL:PUPILS)	<input type="checkbox"/> (FOCL:PUPILS)	<input type="checkbox"/> (FOCL:PUPILS)
Extra Ocular Movements	<input type="checkbox"/> (FOCL:EXOCUL)	<input type="checkbox"/> (FOCL:EXOCUL)	<input type="checkbox"/> (FOCL:EXOCUL)
Gaze	<input type="checkbox"/> (FOCL:GAZE)	<input type="checkbox"/> (FOCL:GAZE)	<input type="checkbox"/> (FOCL:GAZE)

CN III, IV, VI Comments:

CN V	Normal	Abnormal	Not done
-------------	--------	----------	----------

Facial Sensation	<input type="checkbox"/> (FOCL:FACSENS)	<input type="checkbox"/> (FOCL:FACSENS)	<input type="checkbox"/> (FOCL:FACSENS)
Corneal Reflexes	<input type="checkbox"/> (FOCL:CORNEAL)	<input type="checkbox"/> (FOCL:CORNEAL)	<input type="checkbox"/> (FOCL:CORNEAL)

CN V Comments:

CN VII	Normal	Weak	Not done
---------------	--------	------	----------

Facial Strength	<input type="checkbox"/> (FOCL:FACSTRN)	<input type="checkbox"/> (FOCL:FACSTRN)	<input type="checkbox"/> (FOCL:FACSTRN)
Right Lower Face	<input type="checkbox"/> (FOCL:RLOFACE)	<input type="checkbox"/> (FOCL:RLOFACE)	<input type="checkbox"/> (FOCL:RLOFACE)
Right Upper Face	<input type="checkbox"/> (FOCL:RUPFACE)	<input type="checkbox"/> (FOCL:RUPFACE)	<input type="checkbox"/> (FOCL:RUPFACE)
Left Lower Face	<input type="checkbox"/> (FOCL:LLOFACE)	<input type="checkbox"/> (FOCL:LLOFACE)	<input type="checkbox"/> (FOCL:LLOFACE)
Left Upper Face	<input type="checkbox"/> (FOCL:LUPFACE)	<input type="checkbox"/> (FOCL:LUPFACE)	<input type="checkbox"/> (FOCL:LUPFACE)

CN VII Comments:

FOCL:CN7COM

CN VIII Normal Abnormal Not done
Hearing (FOCL:HEARING) (FOCL:HEARING) (FOCL:HEARING)

CN VIII Comments:

FOCL:CN8COM

CN IX, X Normal Abnormal Not done
Gag (FOCL:GAG) (FOCL:GAG) (FOCL:GAG)
Palate (FOCL:PALATE) (FOCL:PALATE) (FOCL:PALATE)
Elevation

CN IX, X Comments:

FOCL:CN9COM

CN XI Normal Abnormal Not done
Trapezius (FOCL:TRAPEZ) (FOCL:TRAPEZ) (FOCL:TRAPEZ)
Strength

CN XI Comments:

FOCL:CN11COM

CN XII Normal Abnormal Not done
Tongue (FOCL:TONGUE) (FOCL:TONGUE) (FOCL:TONGUE)
Strength

 Absent Mild Moderate Severe Not done
Dysarthria (FOCL:DYSARTH) (FOCL:DYSARTH) (FOCL:DYSARTH) (FOCL:DYSARTH) (FOCL:DYSARTH)

CN XII Comments:

FOCL:CN12COM

Other Abnormalities, describe:

FOCL:OTHABND

Comments for page: FOCL:COMMENT

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Physical Exam

Pilot Transfusion Trial

{visit.label}

Subject ID:

Site:

Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease

Date of Assessment: / /
DD MMM YYYY

Height (cm): Respirations (RR): Temperature:

Weight (kg): Heart Rate (BPM): Units: (PHEX:TEMPU) °C (PHEX:TEMPU) °F

Morbid obesity (> 115 kg) is a condition for exclusion

Blood Pressure (mm Hg): /
(systolic/diastolic)

Is the patient right or left handed? (PHEX:HANDED) Right (PHEX:HANDED) Left (PHEX:HANDED) Ambidextrous (PHEX:HANDED) Undetermined

Check the appropriate box for each body system/part listed below.

Comments - if a system is "Abnormal" or a condition is "Present", be sure to record all pertinent comments.

General Appearance	<input type="checkbox"/> (PHEX:GENAPP) Normal	<input type="checkbox"/> (PHEX:GENAPP) Abnormal	<input type="text" value="PHEX:GENAPPC"/>	
Eyes	<input type="checkbox"/> (PHEX:EYES) Normal	<input type="checkbox"/> (PHEX:EYES) Abnormal	<input type="text" value="PHEX:EYESC"/>	
Ears	<input type="checkbox"/> (PHEX:EARS) Normal	<input type="checkbox"/> (PHEX:EARS) Abnormal	<input type="text" value="PHEX:EARSC"/>	
Nose/Throat/Mouth	<input type="checkbox"/> (PHEX:NOSETM) Normal	<input type="checkbox"/> (PHEX:NOSETM) Abnormal	<input type="text" value="PHEX:NOSETMC"/>	
Tonsils	<input type="checkbox"/> (PHEX:TONSIL) Removed	<input type="checkbox"/> (PHEX:TONSIL) Not enlarged	<input type="checkbox"/> (PHEX:TONSIL) Enlarged	<input type="text" value="PHEX:TONSILC"/>
Head and Neck	<input type="checkbox"/> (PHEX:HEDNEK) Normal	<input type="checkbox"/> (PHEX:HEDNEK) Abnormal	<input type="text" value="PHEX:HEDNEKC"/>	
Spine	<input type="checkbox"/> (PHEX:SPINE) Normal	<input type="checkbox"/> (PHEX:SPINE) Abnormal	<input type="text" value="PHEX:SPINEC"/>	
Chest	<input type="checkbox"/> (PHEX:CHEST) Normal	<input type="checkbox"/> (PHEX:CHEST) Abnormal	<input type="text" value="PHEX:CHESTC"/>	
Respiratory System/Lungs	<input type="checkbox"/> (PHEX:RESP) Normal	<input type="checkbox"/> (PHEX:RESP) Abnormal	<input type="text" value="PHEX:RESPC"/>	
Lungs: Rales	<input type="checkbox"/> (PHEX:RALES) Absent	<input type="checkbox"/> (PHEX:RALES) Present	<input type="text" value="PHEX:RALESC"/>	
Lungs: Rhonchi	<input type="checkbox"/> (PHEX:RHONCH) Absent	<input type="checkbox"/> (PHEX:RHONCH) Present	<input type="text" value="PHEX:RHONCHC"/>	
Lungs: Wheezing	<input type="checkbox"/> (PHEX:WHEEZ) Absent	<input type="checkbox"/> (PHEX:WHEEZ) Present	<input type="text" value="PHEX:WHEEZC"/>	
Lungs: Mouth Breathing	<input type="checkbox"/> (PHEX:MOUTHBC) Absent	<input type="checkbox"/> (PHEX:MOUTHBC) Present	<input type="text" value="PHEX:MOUTHBC"/>	
Cardiovascular System	<input type="checkbox"/> (PHEX:CARDIO) Normal	<input type="checkbox"/> (PHEX:CARDIO) Abnormal	<input type="text" value="PHEX:CARDIOC"/>	
Heart: Rhythm Abnormality	<input type="checkbox"/> (PHEX:RHYABN) Absent	<input type="checkbox"/> (PHEX:RHYABN) Present	<input type="text" value="PHEX:RHYABNC"/>	
Heart: Murmur	<input type="checkbox"/> (PHEX:MURMUR) Absent	<input type="checkbox"/> (PHEX:MURMUR) Present	<input type="text" value="PHEX:MURMURC"/>	
Abdomen	<input type="checkbox"/> (PHEX:ABDOMN) Normal	<input type="checkbox"/> (PHEX:ABDOMN) Abnormal		

Check the appropriate box for each body system/part listed below.

Comments - if a system is "Abnormal" or a condition is "Present", be sure to record all pertinent comments.

PHEX:ABDOMNC

Spleen (PHEX:SPLEEN) Removed (PHEX:SPLEEN) Not enlarged (PHEX:SPLEEN) Enlarged

Measure distance below left mid-costal margin in cm:

PHEX:SPLEENC

Liver (PHEX:LIVER) Not enlarged (PHEX:LIVER) Enlarged

Measure distance below right mid-costal margin in cm:

PHEX:LIVERC

Liver: Tenderness (PHEX:LIVTND) Absent (PHEX:LIVTND) Present

PHEX:LIVTND

Lymph Nodes (PHEX:LYMPH) Not enlarged (PHEX:LYMPH) Enlarged

PHEX:LYMPHC

Dermatological System (PHEX:DERMAT) Normal (PHEX:DERMAT) Abnormal

PHEX:DERMATC

Genitourinary System (PHEX:GENITO) Not done (PHEX:GENITO) Normal (PHEX:GENITO) Abnormal

PHEX:GENITOC

Musculoskeletal System (PHEX:MUSCUL) Normal (PHEX:MUSCUL) Abnormal

PHEX:MUSCULC

Motor weakness of extremities (PHEX:MOTOR) Absent (PHEX:MOTOR) Present

Check all extremities with motor weakness:

(PHEX:MOTORRA) Right Arm

(PHEX:MOTORLA) Left Arm

(PHEX:MOTORRL) Right Leg

(PHEX:MOTORLL) Left Leg

Weakness is:
(check only one)

(PHEX:WEAKNES) Neurological

(PHEX:WEAKNES) Secondary to musculoskeletal damage

PHEX:MOTORC

Sensory weakness of extremities (PHEX:SENSO) Absent (PHEX:SENSO) Present

Check all extremities with sensory weakness:

(PHEX:SENSORA) Right Arm

(PHEX:SENSOLA) Left Arm

(PHEX:SENSORL) Right Leg

(PHEX:SENSOLL) Left Leg

PHEX:SENSOC

Pain or limitation of range of motion in hip (PHEX:PAIN) Absent (PHEX:PAIN) Present

PHEX:PAINC

Leg ulcer (PHEX:LEGULC) Absent (PHEX:LEGULC) Present

PHEX:LEGULCC

Lower extremity edema (PHEX:EDEMA) Absent (PHEX:EDEMA) Present

PHEX:EDEMAC

Comments for page: PHEX:COMMENT

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Alcohol and Non-Rx Drug Use

Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease

Pilot Transfusion Trial

{visit.label}

Subject ID:

Site:

Completion Date : / /
DD MMM YYYY

Information regarding *current* use of the following substances to be determined by interview. Obtain an average for use of the following substances within the most suitable time period (i.e., # drinks of beer = 2 per week). Check "N/A" for a particular substance if it is not used by the subject.

Total alcohol consumption exceeding 14 drinks/week for women and 21 drinks/week for men requires exclusion from the study.

<u>Alcohol</u>	N/A	# drinks	per
Beer	<input type="checkbox"/> (DRUG:BEERNA)	<input type="text" value="DRUG:BEER"/>	<input type="text" value="DRUG:BEERTP"/>
Wine	<input type="checkbox"/> (DRUG:WINENA)	<input type="text" value="DRUG:WINE"/>	<input type="text" value="DRUG:WINETP"/>
Other alcoholic drinks	<input type="checkbox"/> (DRUG:OTALCNA)	<input type="text" value="DRUG:OTALC"/>	<input type="text" value="DRUG:OTALCTP"/>

Current drug abuse (use of non-prescribed medication) or habitual marijuana use requires exclusion from the study. Exclude subject if he/she is a habitual marijuana user or currently uses any of the other drugs listed.

<u>Non-Rx Drug Use</u>	N/A	# times	per
<i>Habitual</i> marijuana use (hashish or hash oil). Habitual use is defined as > 20 joints/week for more than one week in the last month.	<input type="checkbox"/> (DRUG:MARIJNA)	<input type="text" value="DRUG:MARIJ"/>	<input type="text" value="DRUG:MARIJTP"/>
Cocaine/Crack	<input type="checkbox"/> (DRUG:CRACKNA)	<input type="text" value="DRUG:CRACK"/>	<input type="text" value="DRUG:CRACKTP"/>
Inhalants (glue, fumes, amyls)	<input type="checkbox"/> (DRUG:INHALNA)	<input type="text" value="DRUG:INHAL"/>	<input type="text" value="DRUG:INHALTP"/>
Amphetamines (uppers)	<input type="checkbox"/> (DRUG:AMPHNA)	<input type="text" value="DRUG:AMPH"/>	<input type="text" value="DRUG:AMPHTP"/>
Non-prescribed Ritalin	<input type="checkbox"/> (DRUG:RITALNA)	<input type="text" value="DRUG:RITAL"/>	<input type="text" value="DRUG:RITALTP"/>
Methcathinone (cat)	<input type="checkbox"/> (DRUG:MTHCANA)	<input type="text" value="DRUG:MTHCA"/>	<input type="text" value="DRUG:MTHCATP"/>
Non-prescribed tranquilizers	<input type="checkbox"/> (DRUG:TRANQNA)	<input type="text" value="DRUG:TRANQ"/>	<input type="text" value="DRUG:TRANQTP"/>

Non-prescribed narcotics
**(opium, morphine,
codeine, vicodin)**

(DRUG:NARCONA)

DRUG:NARCO

DRUG:NARCOTP

Heroin

(DRUG:HEROINA)

DRUG:HEROI

DRUG:HEROITP

LSD
(acid)

(DRUG: LSDNA)

DRUG:LSD

DRUG:LSDTP

MDMA
(ecstasy, XTC, X)

(DRUG:MDMANA)

DRUG:MDMA

DRUG:MDMATP

Other psychedelics
**(psilocybin, mescaline,
etc.)**

(DRUG:PSYCHNA)

DRUG:PSYCH

DRUG:PSYCHTP

Other: DRUG:OTDRGS

(DRUG:OTDRGNA)

DRUG:OTDRG

DRUG:OTDRGTP

Comments for page: DRUG:COMMENT

Submit Query

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 Rho

**Neuropsychological Dysfunction
and Neuroimaging Abnormalities in
Neurologically Intact Adult Patients
With Sickle Cell Disease**

**WAIS-III PIQ
Pilot Transfusion Trial**

{visit.label}

Subject ID:
Site:

Date of Assessment: / /
DD MMM YYYY

Enter <, >, <=, >=, and % as necessary.

SUBTESTS	Raw Score	Age-Adjusted Scaled Scores						Reference Group Scaled Scores
		VERBAL	PERF.	VC	PO	WM	PS	
Picture Completion	<input type="text" value="WAI2:RAWA"/>		<input type="text" value="WAI2:PERFA"/>		<input type="text" value="WAI2:POA"/>			<input type="text" value="WAI2:SCALEA1"/>
Digit Symbol-Coding	<input type="text" value="WAI2:RAWC"/>		<input type="text" value="WAI2:PERFC"/>				<input type="text" value="WAI2:PSC"/>	<input type="text" value="WAI2:SCALEC1"/>
Block Design	<input type="text" value="WAI2:RAWB"/>		<input type="text" value="WAI2:PERFE"/>		<input type="text" value="WAI2:POE"/>			<input type="text" value="WAI2:SCALEE1"/>
Matrix-Reasoning	<input type="text" value="WAI2:RAWG"/>		<input type="text" value="WAI2:PERFG"/>		<input type="text" value="WAI2:POG"/>			<input type="text" value="WAI2:SCALEG1"/>
Picture Arrangement	<input type="text" value="WAI2:RAWJ"/>		<input type="text" value="WAI2:PERFJ"/>					<input type="text" value="WAI2:SCALEJ1"/>
Symbol Search	<input type="text" value="WAI2:RAWL"/>		(<input type="text" value="WAI2:PERFL"/>)				<input type="text" value="WAI2:PSL"/>	<input type="text" value="WAI2:SCALEL1"/>
Object Assembly	<input type="text" value="WAI2:RAWN"/>		(<input type="text" value="WAI2:PERFN"/>)					<input type="text" value="WAI2:SCALEN1"/>
Sums of Scaled Scores		<input type="text" value="WAI2:VERBS"/>	<input type="text" value="WAI2:PERFS"/>	<input type="text" value="WAI2:VCS"/>	<input type="text" value="WAI2:POS"/>	<input type="text" value="WAI2:WMS"/>	<input type="text" value="WAI2:PSS"/>	
		VERBAL	PERF.	VC	PO	WM	PS	
		<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Full Scale Score (Verbal + Performance)	<input type="text" value="x"/>		<input type="text" value="WAI2:FULLSS"/>					
IQ/INDEX SCORES	VIQ	PIQ	FSIQ	VCI	POI	WMI	PSI	
Sums of Scaled Scores	<input type="text" value="WAI2:VIQSUM"/>	<input type="text" value="WAI2:PIQSUM"/>	<input type="text" value="WAI2:FSIQSUM"/>	<input type="text" value="WAI2:VCISUM"/>	<input type="text" value="WAI2:POISUM"/>	<input type="text" value="WAI2:WMISUM"/>	<input type="text" value="WAI2:PSISUM"/>	
IQ/Index Score	<input type="text" value="WAI2:VIQIND"/>	<input type="text" value="WAI2:PIQIND"/>	<input type="text" value="WAI2:FSIQIND"/>	<input type="text" value="WAI2:VCIIND"/>	<input type="text" value="WAI2:POIIND"/>	<input type="text" value="WAI2:WMIIND"/>	<input type="text" value="WAI2:PSIIND"/>	
Percentiles	<input type="text" value="WAI2:VIQPCT"/>	<input type="text" value="WAI2:PIQPCT"/>	<input type="text" value="WAI2:FSIQPCT"/>	<input type="text" value="WAI2:VCIPCT"/>	<input type="text" value="WAI2:POIPCT"/>	<input type="text" value="WAI2:WMIPCT"/>	<input type="text" value="WAI2:PSIPCT"/>	
Confidence Intervals	<input type="text" value="WAI2:VIQCON"/>	<input type="text" value="WAI2:PIQCON"/>	<input type="text" value="WAI2:FSIQCON"/>	<input type="text" value="WAI2:VCICON"/>	<input type="text" value="WAI2:POICON"/>	<input type="text" value="WAI2:WMICON"/>	<input type="text" value="WAI2:PSICON"/>	
<input type="text" value="WAI2:CONFINT"/>								Enter all confidence intervals as a range X-Y
%								

Comments for page:

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Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease	Inclusion Criteria Pilot Transfusion Trial	
	{visit.label}	Subject ID: Site:

Completion Date: / /
DD MMM YYYY

For the subject to be considered eligible for this study, Questions 1 through 9 must be answered Yes.

1. Is the subject an adult between the ages of 21 and 55? (INCS:INCL1) Yes (INCS:INCL1) No

2. Is the subject of African descent? (INCS:INCL2) Yes (INCS:INCL2) No

3. Is the subject proficient/fluent in the English language?
(English does not have to be the subject's first language) (INCS:INCL3) Yes (INCS:INCL3) No

4. Has Hemoglobin electrophoresis confirming hemoglobin SS or SB⁰ been performed? (INCS:INCL4) Yes (INCS:INCL4) No

5. Is the subject's hemoglobin A < 15%? (INCS:INCL5) Yes (INCS:INCL5) No

6. Is the subject's hemoglobin ≤ 9.0 g/dL? (INCS:INCL6) Yes (INCS:INCL6) No

7. Have the following been completed:
History and Physical Exam, MMSE, POMS, PIQ? (INCS:INCL7) Yes (INCS:INCL7) No

8. Is the subject's WAIS III PIQ score ≤ 90? (INCS:INCL8) Yes (INCS:INCL8) No

9. Is the subject capable of giving

informed consent for the protocol? (INCS:INCL9) Yes (INCS:INCL9) No

If yes, date of informed consent:

/ /

DD

MMM

YYYY

Comments for page:

Submit Query

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Form Completion Help

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Rho

Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease	Exclusion Criteria Pilot Transfusion Trial	
	{visit.label}	Subject ID: Site:

Completion Date: / /

DD

MMM

YYYY

For the subject to be considered eligible for this study, Questions 1 through 27 must be answered No. Question 10 may be N/A.

- | | | |
|---|---|--|
| 1. Has the subject ever suffered from an overt stroke? | <input type="checkbox"/>
(EXCS:EXCL1)
Yes | <input type="checkbox"/>
(EXCS:EXCL1)
No |
| 2. Is there previous evidence of an abnormal MRI or CT other than small periventricular or watershed lesions? | <input type="checkbox"/>
(EXCS:EXCL2)
Yes | <input type="checkbox"/>
(EXCS:EXCL2)
No |
| 3. Does the subject have a history of head injury that resulted in neurological symptoms or a medical visit? | <input type="checkbox"/>
(EXCS:EXCL3)
Yes | <input type="checkbox"/>
(EXCS:EXCL3)
No |
| 4. Has the subject had an abnormal neurological exam with focal findings? | <input type="checkbox"/>
(EXCS:EXCL4)
Yes | <input type="checkbox"/>
(EXCS:EXCL4)
No |
| 5. Does the subject have a Mini-Mental Status Examination (MMSE) score of < 20? | <input type="checkbox"/>
(EXCS:EXCL5)
Yes | <input type="checkbox"/>
(EXCS:EXCL5)
No |
| 6. Is the subject's Profile of Mood States (POMS) Depression/Dejection subscale score > 40? | <input type="checkbox"/>
(EXCS:EXCL6)
Yes | <input type="checkbox"/>
(EXCS:EXCL6)
No |
| 7. Does the subject's alcohol consumption exceed 14 drinks/week if female or 21 drinks/week if male? | <input type="checkbox"/>
(EXCS:EXCL7)
Yes | <input type="checkbox"/>
(EXCS:EXCL7)
No |
| 8. Does the patient have a history of drug abuse defined as using non-prescribed medication? | <input type="checkbox"/>
(EXCS:EXCL8)
Yes | <input type="checkbox"/>
(EXCS:EXCL8)
No |

9. Does the subject have a history of claustrophobia, and/or presence of metallic implants such as pacemakers, surgical aneurysm clips, or known metal fragments embedded in the body? (EXCS:EXCL9) Yes (EXCS:EXCL9) No
10. Is the subject pregnant? (EXCS:EXCL10) Not Applicable (EXCS:EXCL10) Yes (EXCS:EXCL10) No
11. Is the subject currently on chronic transfusion therapy? (EXCS:EXCL11) Yes (EXCS:EXCL11) No
12. Does the subject have a baseline blood pressure of > 140/90 on two repeated measurements? (EXCS:EXCL12) Yes (EXCS:EXCL12) No
- (A second measurement should be done if the first is > 140/90)**
13. Does the subject have a history of uncontrolled hypertension? (EXCS:EXCL13) Yes (EXCS:EXCL13) No
14. Does the subject have any chronic disorder that may result in neurocognitive or brain dysfunction that is **not secondary to Sickle Cell Disease**, including but not limited to: (EXCS:EXCL14) Yes (EXCS:EXCL14) No
- a. Inflammatory arterial disorders (lupus, polyarteritis)
 - b. History of cancer requiring chemotherapy and/or radiation
 - c. Untreated hyperlipidemia
 - d. Diabetes
 - e. Ongoing active infection such as HIV, tuberculosis, sarcoidosis
 - f. Chronic renal failure
 - g. Any condition requiring dialysis
 - h. Chronic lung disease characterized by need for oxygen
 - i. Morbid obesity (weight greater than 115 kg)
 - j. Heart disease: history of congestive heart failure, history of severe coronary artery disease characterized by angioplasty or surgery, or history of angina
 - k. Active hepatitis or liver failure
 - l. Acquired or congenital immune deficiency
 - m. Neurodegenerative disorders
 - n. Genetic disorder associated with

neurocognitive dysfunction such as Down Syndrome

o. History of psychoses and/or schizophrenia

15. In the investigator's opinion, is there any other chronic illness or disorder **other than SCD** that will adversely affect the subject's performance in this study? (EXCS:EXCL15) Yes (EXCS:EXCL15) No
16. Is the subject currently on Procrit or a related drug that stimulates red blood cell production? (EXCS:EXCL16) Yes (EXCS:EXCL16) No
17. Does the subject have a history of life threatening or serious transfusion complications? (EXCS:EXCL17) Yes (EXCS:EXCL17) No
18. Does the subject have a lack of venous access? (EXCS:EXCL18) Yes (EXCS:EXCL18) No
19. Does the subject refuse transfusion? (EXCS:EXCL19) Yes (EXCS:EXCL19) No
20. Does the subject have a history of unexplained severe hemolytic transfusion reaction? (EXCS:EXCL20) Yes (EXCS:EXCL20) No
21. Does the subject have a history of serious allergic, pulmonary transfusion reaction requiring hospitalization for the reaction? (EXCS:EXCL21) Yes (EXCS:EXCL21) No
22. Does the subject have positive auto-immune hemolytic anemia (direct coombs with IGG and complement)? (EXCS:EXCL22) Yes (EXCS:EXCL22) No
23. Does the subject have multiple (3 or more) clinically significant allo-antibodies, due to common antigens (for example: EC, Kel)? (EXCS:EXCL23) Yes (EXCS:EXCL23) No
24. Does the subject have an uncommon, clinically significant antibody that results in difficulty finding matched units (for example: anti-JKB)? (EXCS:EXCL24) Yes (EXCS:EXCL24) No
25. Is the subject taking Hydroxyurea and not on a stable dose for ≥ 6 months? (EXCS:EXCL25) Yes (EXCS:EXCL25) No

26. Does the subject have a creatinine level > 1.7? (EXCS:EXCL26) Yes (EXCS:EXCL26) No

27. Does the subject have a ferritin level > 1,500 ng/mL or quantitative liver iron > 7 mg iron/g dry weight and not currently on iron chelation therapy? (EXCS:EXCL27) Yes (EXCS:EXCL27) No

Has the subject met all eligibility requirements? (EXCS:ELIGYN) Yes (EXCS:ELIGYN) No

If yes (subject is eligible), has the subject been enrolled in the study? (EXCS:ENROLYN) Yes (EXCS:ENROLYN) No

If no (subject IS eligible and is NOT enrolled), give reason not enrolled:

Comments for page:

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Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease	External MRI Data Pilot Transfusion Trial	
	{visit.label}	Subject ID: Site:

Date of procedure: / / Technologist Initials

DD MMM YYYY

Was the MRI performed according to the required imaging sequences as specified in the protocol? (MRIT:MRIPROT) Yes (MRIT:MRIPROT) No

Did the subject cooperate fully for the procedure? (MRIT:COOP) Yes (MRIT:COOP) No

If No, explain:

Did the subject require sedation for the MRI? (MRIT:SEDYN) Yes (MRIT:SEDYN) No

If Yes, name of medication(s):

What type of shim was used before scanning?

Sagittal 2D Flash (MRIT:SAG2D) Yes (MRIT:SAG2D) No Acquisition Number

Was there any table movement between sequences? (MRIT:SAGTABL) Yes (MRIT:SAGTABL) No

If Yes, how much? cm

Was there any noticeable movement or other degradation on images? (MRIT:SAGMOVE) Yes (MRIT:SAGMOVE) No

If Yes, explain:

Was there full head coverage? (MRIT:SAGHEAD) Yes (MRIT:SAGHEAD) No

3D T1 MPRage/SPGR (MRIT:MPRAGE) Yes (MRIT:MPRAGE) No Acquisition Number

(MRIT:PERPANG) Check here if perpendicular to Angle of Hippocampus

Was there any table movement between sequences? (MRIT:MPRTABL) Yes (MRIT:MPRTABL) No

If Yes, how much? cm

Was there any noticeable movement or other degradation on images? (MRIT:MPRMOVE) Yes (MRIT:MPRMOVE) No

If Yes, explain:

Was there full head coverage? (MRIT:MPRHEAD) Yes (MRIT:MPRHEAD) No

Axial PD/T2 2D spin-echo (MRIT:AXIAL) Yes (MRIT:AXIAL) No Acquisition Number

(MRIT:PARALEL) Check here if parallel to AC-PC line

Was there any table movement between sequences? (MRIT:AXITABL) Yes (MRIT:AXITABL) No

If Yes, how much? cm

Was there any noticeable movement or other degradation on images? (MRIT:AXIMOVE) Yes (MRIT:AXIMOVE) No

If Yes, explain:

Was there full head coverage?

(MRIT:AXIHEAD) Yes (MRIT:AXIHEAD) No

Has the scan been archived?

(MRIT:ARCH) Yes (MRIT:ARCH) No

If No, explain:

Type of media used for archiving:

(MRIT:MEDIA) DAT Tape (MRIT:MEDIA) Optical Disk (MRIT:MEDIA) Other:

Date MRI sent to UCSF VA for analysis: / /
DD MMM YYYY

FedEx Tracking#

Comments for page:

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Neurocognitive Battery

Pilot Transfusion Trial

Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease

{visit.label}

Subject ID:

Site:

This form must be completed before any tests in the Neuropsych Battery are administered on any given day. This form only needs to be completed once for any day on which a group of tests is administered, but if the NP Battery is divided over more than one day then the questions must be repeated before the start of testing for the remaining tests.

Click the [Add testing day] button in order to enter observational data for each day on which neuropsychological instruments are to be administered.

If any of the questions are answered "Yes" then also elaborate in the comments field at the bottom of the page (include attempted date of testing) and re-schedule neuropsychological testing for another day.

Date of Testing : / /
DD MMM YYYY

1. Is the subject under the influence of any non-chronic prescribed medication that may affect his or her performance on any of these tests (i.e., pain medication such as opiates)? (BTOB:BATOBS1) Yes (BTOB:BATOBS1) No
2. In the last 24 hours, has the subject taken any non-prescribed drugs known to impair neurocognitive performance (i.e., alcohol, marijuana, intravenous drugs, non-prescribed narcotics)? (BTOB:BATOBS2) Yes (BTOB:BATOBS2) No
3. Does the subject seem inattentive or sedated (i.e., sleepy, nodding off, disinterested, having trouble concentrating)? (BTOB:BATOBS3) Yes (BTOB:BATOBS3) No

Comments:

[Form Completion Help](#)

Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease

Woodcock-Johnson III

Pilot Transfusion Trial

{visit.label}

Subject ID:

Site:

Date of Assessment: / /
DD MMM YYYY

Does the subject have glasses? (WJR3:GLASSES) Yes (WJR3:GLASSES) No

Were they used during testing? (WJR3:GLASUSE) Yes (WJR3:GLASUSE) No

Does the subject have a hearing aid? (WJR3:HEARAID) Yes (WJR3:HEARAID) No

Was it used during testing? (WJR3:HAUSE) Yes (WJR3:HAUSE) No

Other Information:

Test Session Observations Checklist

Check only one category for each item

Level of conversational proficiency

(WJR3:CONPROF) 1. Very advanced

(WJR3:CONPROF) 2. Advanced

(WJR3:CONPROF) 3. Typical for age/grade

(WJR3:CONPROF) 4. Limited

(WJR3:CONPROF) 5. Very limited

Level of cooperation

(WJR3:COOPER) 1. Exceptionally cooperative throughout the examination

(WJR3:COOPER) 2. Cooperative (typical for age/grade)

(WJR3:COOPER) 3. Uncooperative at times

(WJR3:COOPER) 4. Uncooperative throughout the examination

Level of activity

(WJR3:ACTIVE) 1. Seemed lethargic

(WJR3:ACTIVE) 2. Typical for age/grade

(WJR3:ACTIVE) 3. Appeared fidgety or restless at times

(WJR3:ACTIVE) 4. Overly active for age/grade; resulted in difficulty attending to tasks

Attention and cooperation

- (WJR3:ATTENT) 1. Unusually absorbed by the tasks
- (WJR3:ATTENT) 2. Attentive to the tasks
- (WJR3:ATTENT) 3. Distracted often
- (WJR3:ATTENT) 4. Consistently inattentive and distracted

Self-confidence

- (WJR3:SELFCON) 1. Appeared confident and self-assured
- (WJR3:SELFCON) 2. Appeared at ease and comfortable (typical for age/grade)
- (WJR3:SELFCON) 3. Appeared tense or worried at times
- (WJR3:SELFCON) 4. Appeared overtly anxious

Care in responding

- (WJR3:CARERES) 1. Very slow and hesitant in responding
- (WJR3:CARERES) 2. Slow and careful in responding
- (WJR3:CARERES) 3. Prompt but careful in responding (typical for age/grade)
- (WJR3:CARERES) 4. At times responded too quickly
- (WJR3:CARERES) 5. Impulsive and careless in responding

Response to difficult tasks

- (WJR3:DIFTASK) 1. Noticeably increased level of effort for difficult tasks
- (WJR3:DIFTASK) 2. Generally persisted with difficult tasks (typical for age/grade)
- (WJR3:DIFTASK) 3. Attempted but gave up easily
- (WJR3:DIFTASK) 4. Would not try difficult tasks at all

Do you have any reason to believe that this testing session may not represent a fair sample of the subject's abilities?

(WJR3:NOTFAIR)
No

The results may not be a fair estimate because...
(WJR3:NOTFAIR)
Yes

WJR3:NOFAIRS

Were any modifications made to the standard testing procedures during this administration?

(WJR3:MODSYN)
No

The following modifications were made:
(WJR3:MODSYN)
Yes

WJR3:MODSS

	Number Correct	Number Incorrect	Total Points	AE	GE
Test 1: Letter-Word Identification	<input type="text" value="WJR3:T1NCOR"/>			<input type="text" value="WJR3:T1AE"/>	<input type="text" value="WJR3:T1GE"/>
Test 2: Reading Fluency	<input type="text" value="WJR3:T2NCOR"/>	<input type="text" value="WJR3:T2NOINC"/>	<input type="text" value="WJR3:T2TOTPT"/>	<input type="text" value="WJR3:T2AE"/>	<input type="text" value="WJR3:T2GE"/>

NOTE: Enter AE and GE scores exactly as they appear in the testing manual.

Test 4: Understanding Directions

Scoring is based on the administration of specific groups of pictures.

If more than one group of pictures was administered, use the column corresponding to the last group of pictures administered following continuation instructions. Enter "X" if not administered.

Picture 1	<input type="text" value="WJR3:T4P1"/>	<input type="text"/>	Picture 1	<input type="text" value="WJR3:T4P_1"/>	
Picture 2	<input type="text" value="WJR3:T4P2"/>	<input type="text" value="X"/>	Pictures 2-3	<input type="text" value="WJR3:T4P23"/>	AE <input type="text" value="WJR3:T4AE"/>
Picture 3	<input type="text" value="WJR3:T4P3"/>				
Picture 4	<input type="text" value="WJR3:T4P4"/>	<input type="text" value="X"/>	Pictures 4-5	<input type="text" value="WJR3:T4P45"/>	GE <input type="text" value="WJR3:T4GE"/>
Picture 5	<input type="text" value="WJR3:T4P5"/>				
Picture 6	<input type="text" value="WJR3:T4P6"/>	<input type="text"/>	Picture 6	<input type="text" value="WJR3:T4P_6"/>	

	Number Correct	AE	GE
Test 5: Calculation	<input type="text" value="WJR3:T5NCOR"/>	<input type="text" value="WJR3:T5AE"/>	<input type="text" value="WJR3:T5GE"/>
Test 6: Math Fluency	<input type="text" value="WJR3:T6NCOR"/>	<input type="text" value="WJR3:T6AE"/>	<input type="text" value="WJR3:T6GE"/>
Test 7: Spelling	<input type="text" value="WJR3:T7NCOR"/>	<input type="text" value="WJR3:T7AE"/>	<input type="text" value="WJR3:T7GE"/>
Test 9: Passage Comprehension	<input type="text" value="WJR3:T9NCOR"/>	<input type="text" value="WJR3:T9AE"/>	<input type="text" value="WJR3:T9GE"/>
Test 10: Applied Problems	<input type="text" value="WJR3:T10NCOR"/>	<input type="text" value="WJR3:T10AE"/>	<input type="text" value="WJR3:T10GE"/>

Comments for page:

[Form Completion Help](#)

Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease	Delis-Kaplan Executive Functioning System Pilot Transfusion Trial	Date of Assessment: DKAP : ASSDA / DKAP : ASSMO / DKAP : ASSYR DD MMM YYYY
	{visit.label}	Subject ID: Site:

Trail Making Test

Primary Measure: Completion Times

	Raw Score	Scaled Score
Condition 1: Visual Scanning	DKAP : TMCON1R	DKAP : TMCON1S
Condition 2: Number Sequencing	DKAP : TMCON2R	DKAP : TMCON2S
Condition 3: Letter Sequencing	DKAP : TMCON3R	DKAP : TMCON3S
Condition 4: Number-Letter Switching	DKAP : TMCON4R	DKAP : TMCON4S
Condition 5: Motor Speed	DKAP : TMCON5R	DKAP : TMCON5S

Primary Combined Measure: Completion Times

	Sum of Scaled Scores	Composite Scaled Score
Combined Number + Letter Sequencing	DKAP : TMSUMS	DKAP : TMCOMPS

Primary Contrast Measures: Completion Times

	Scaled Score Difference	Contrast Scaled Score *
Switching vs. Visual Scanning	DKAP : TMSCLDA	DKAP : TMCONTA
Switching vs. Number Sequencing	DKAP : TMSCLDB	DKAP : TMCONTB
Switching vs. Letter Sequencing	DKAP : TMSCLDC	DKAP : TMCONTC
Switching vs. Combined Number + Letter Sequencing	DKAP : TMSCLDD	DKAP : TMCONTD
Switching vs. Motor Speed	DKAP : TMSCLDE	DKAP : TMCONTE

* A low or high contrast scaled score may reflect different cognitive problems; see examiner's manual.

Optional Measures: Error Analysis

	Raw Score	Cumulative %ile Rank
Omission Errors: Condition 1 (Visual Scanning)	DKAP : TMC1OER	DKAP : TMC1OEC
Commission Errors: Condition 1 (Visual Scanning)	DKAP : TMC1CER	DKAP : TMC1CEC
Sequencing Errors: Condition 2 (Number Sequencing)	DKAP : TMC2SER	DKAP : TMC2SEC
Sequencing Errors: Condition 3 (Letter Sequencing)	DKAP : TMC3SER	DKAP : TMC3SEC
Sequencing Errors: Condition 4 (Number-Letter Switching)	DKAP : TMC4SER	DKAP : TMC4SEC

Set-Loss Errors Condition 2 (Number Sequencing)	DKAP:TMC2SLR	DKAP:TMC2SLC
Set-Loss Errors Condition 3 (Letter Sequencing)	DKAP:TMC3SLR	DKAP:TMC3SLC
Set-Loss Errors Condition 4 (Number-Letter Switching)	DKAP:TMC4SLR	DKAP:TMC4SLC
Time Discontinue Errors: Condition 2 (Number Sequencing)	DKAP:TMC2TDR	DKAP:TMC2TDC
Time Discontinue Errors: Condition 3 (Letter Sequencing)	DKAP:TMC3TDR	DKAP:TMC3TDC
Time Discontinue Errors: Condition 4 (Number-Letter Switching)	DKAP:TMC4TDR	DKAP:TMC4TDC
Time Discontinue Errors: Condition 5 (Motor Speed)	DKAP:TMC5TDR	DKAP:TMC5TDC
All Error Types: Condition 4 (Number-Letter Switching)	DKAP:TMC4RAW	DKAP:TMC4SCL

* Scaled Score

Verbal Fluency Test

Primary Measures

	Raw Score	Scaled Score
Letter Fluency: Total Correct	DKAP:VFCON1R	DKAP:VFCON1S
Category Fluency: Total Correct	DKAP:VFCON2R	DKAP:VFCON2S
Category Switching: Total Correct Responses	DKAP:VFCN3AR	DKAP:VFCN3AS
Category Switching: Total Switching Accuracy	DKAP:VFCN3BR	DKAP:VFCN3BS

Primary Contrast Measures

	Scaled Score Difference	Contrast Scaled Score *
Letter Fluency vs. Category Fluency	DKAP:VFLFCF3	DKAP:VFLFCF4
Category Switching vs. Category Fluency	DKAP:VFCSCF3	DKAP:VFCSCF4

* A low or high contrast scaled score may reflect different cognitive problems; see examiner's manual.

Optional Measures: Conditions 1-3 Combined

	Letter Fluency Raw Score	Category Fluency Raw Score	Category Switching Raw Score	Total Raw Score	Scaled Score
First Interval: Total Correct	DKAP:VFC1R1	DKAP:VFC2R1	DKAP:VFC3R1	DKAP:VFTOTR1	DKAP:VFSCLS1
Second Interval: Total Correct	DKAP:VFC1R2	DKAP:VFC2R2	DKAP:VFC3R2	DKAP:VFTOTR2	DKAP:VFSCLS2
Third Interval: Total Correct	DKAP:VFC1R3	DKAP:VFC2R3	DKAP:VFC3R3	DKAP:VFTOTR3	DKAP:VFSCLS3
Fourth Interval: Total Correct	DKAP:VFC1R4	DKAP:VFC2R4	DKAP:VFC3R4	DKAP:VFTOTR4	DKAP:VFSCLS4
Set-Loss Errors	DKAP:VFC1R5	DKAP:VFC2R5	DKAP:VFC3R5	DKAP:VFTOTR5	DKAP:VFSCLS5
Repetition Errors	DKAP:VFC1R6	DKAP:VFC2R6	DKAP:VFC3R6	DKAP:VFTOTR6	DKAP:VFSCLS6
Total Responses (Correct+Incorrect) *	DKAP:VFC1R7	DKAP:VFC2R7	DKAP:VFC3R7	DKAP:VFTOTR7	

*Note: Some repetition Errors are coded also as Set-Loss Errors; each double-coded error counts only as one response for the Total Responses Measure.

Percent Raw

	Score	Scaled Score
Percent Set-Loss Errors	DKAP:VFPSLE3	DKAP:VFPSLE4
Percent Repetition Errors	DKAP:VFPRE3	DKAP:VFPRE4
Category Switching: Percent Switching Accuracy	DKAP:VFPCTR	DKAP:VFSCALE

Color-Word Interference Test

Primary Measures: Completion Times

	Raw Score	Scaled Score
Condition 1: Color Naming	DKAP:CWCON1R	DKAP:CWCON1S
Condition 2: Word Reading	DKAP:CWCON2R	DKAP:CWCON2S
Condition 3: Inhibition	DKAP:CWCON3R	DKAP:CWCON3S
Condition 4: Inhibition / Switching	DKAP:CWCON4R	DKAP:CWCON4S

Primary Combined Measure: Completion Times

	Sum of Scaled Scores	Composite Scaled Score
Combined Naming + Reading	DKAP:CWSUMS	DKAP:CWCOMPS

Primary Contrast Measures: Completion Times

	Scaled Score Difference	Contrast Scaled Score *
Inhibition vs. Color Naming	DKAP:CWSCLDA	DKAP:CWCONTA
Inhibition/Switching vs. Combined Naming+Reading	DKAP:CWSCLDB	DKAP:CWCONTB
Inhibition/Switching vs. Inhibition	DKAP:CWSCLDC	DKAP:CWCONTC

* A low or high contrast scaled score may reflect different cognitive problems; see examiner's manual.

Optional Contrast Measures: Completion Times

	Scaled Score Difference	Contrast Scaled Score *
Inhibition/Switching vs. Color Naming	DKAP:CWSCLDD	DKAP:CWCONTD
Inhibition/Switching vs. Word Reading	DKAP:CWSCLDE	DKAP:CWCONTE

* A low or high contrast scaled score may reflect different cognitive problems; see examiner's manual.

Optional Measures: Error Analysis

	Cor. Errors Raw Score	Cor. Errors Cum. Freq. Rank	Uncor. Errors Raw Score	Uncor. Errors Cum. Freq. Rank	Total Errors Raw Score	Total Errors Scaled Score
Cond 1: Color Naming	DKAP:CWC1CER		DKAP:CWC1UER		DKAP:CWC1TER	DKAP:CWC1TEC *
Cond 2: Word Reading	DKAP:CWC2CER		DKAP:CWC2UER		DKAP:CWC2TER	DKAP:CWC2TEC *
Cond 3: Inhibition	DKAP:CWC3CER	DKAP:CWC3CEC	DKAP:CWC3UER	DKAP:CWC3UEC	DKAP:CWC3TER	DKAP:CWC3TEC
Cond 4:						

Twenty Questions Test

Primary Measures

	Item 1 Raw Score	Item 2 Raw Score	Item 3 Raw Score	Item 4 Raw Score	Total Raw Score	Scaled Score
Initial Abstraction Score *	DKAP : TQI1RA	DKAP : TQI2RA	DKAP : TQI3RA	DKAP : TQI4RA	DKAP : TQTOTRA	DKAP : TQSCLA
* Minimum number of objects that can be eliminated by the first question asked regardless of the yes or no answer.						
Total Questions Asked	DKAP : TQI1RB	DKAP : TQI2RB	DKAP : TQI3RB	DKAP : TQI4RB	DKAP : TQTOTRB	DKAP : TQSCLB
Total Weighted Achievement Score	DKAP : TQI1RC	DKAP : TQI2RC	DKAP : TQI3RC	DKAP : TQI4RC	DKAP : TQTOTRC	DKAP : TQSCLC

Optional Measures

	Item 1 Raw Score	Item 2 Raw Score	Item 3 Raw Score	Item 4 Raw Score	Total Raw Score	Cum. %ile Rank
Spatial Questions	DKAP : TQI1RD	DKAP : TQI2RD	DKAP : TQI3RD	DKAP : TQI4RD	DKAP : TQTOTRD	DKAP : TQCPRD
Repeated Questions	DKAP : TQI1RE	DKAP : TQI2RE	DKAP : TQI3RE	DKAP : TQI4RE	DKAP : TQTOTRE	DKAP : TQCPRE
Set-Loss Questions	DKAP : TQI1RF	DKAP : TQI2RF	DKAP : TQI3RF	DKAP : TQI4RF	DKAP : TQTOTRF	DKAP : TQCPRF

Tower Test

Primary Measure

	Total Raw Score	Scaled Score
Total Achievement Score	DKAP : TTACHVR	DKAP : TTACHVS

Optional Measures

	Total Raw Score	Cum. %ile Rank
Total Rule Violations	DKAP : TTRULE1	DKAP : TTRULE4
	Ratio Score	Scaled Score
Mean First-Move Time *	DKAP : TTMEAN3	DKAP : TTMEAN4
Time-Per-Move-Ratio *	DKAP : TTTPMR3	DKAP : TTTPMR4
Move Accuracy Ratio *	DKAP : TTACCR3	DKAP : TTACCR4
Rule-Violations-Per-Item-Ratio	DKAP : TTRVR3	DKAP : TTRVR4

* A low or high contrast scaled score may reflect different cognitive problems; see examiner's manual

Comments for Page: DKAP : COMMENT

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Neuropsychological Dysfunction
and Neuroimaging Abnormalities in
Neurologically Intact Adult Patients
With Sickle Cell Disease

Wisconsin Card Sorting Test

Pilot Transfusion Trial

{visit.label}

Subject ID:

Site:

Date of Assessment: / /
DD MMM YYYY

SCORING AREA

	Raw Score	Standard Score	T score
Trials Administered	<input type="text" value="WCST:RAW1"/>		
Total Correct	<input type="text" value="WCST:RAW2"/>		
Total Errors	<input type="text" value="WCST:RAW3"/>	<input type="text" value="WCST:STAND3"/>	<input type="text" value="WCST:TSCR3"/>
% Errors	<input type="text" value="WCST:RAW4"/>	<input type="text" value="WCST:STAND4"/>	<input type="text" value="WCST:TSCR4"/>
Perseverative Responses	<input type="text" value="WCST:RAW5"/>	<input type="text" value="WCST:STAND5"/>	<input type="text" value="WCST:TSCR5"/>
% Perseverative Responses	<input type="text" value="WCST:RAW6"/>	<input type="text" value="WCST:STAND6"/>	<input type="text" value="WCST:TSCR6"/>
Perseverative Errors	<input type="text" value="WCST:RAW7"/>	<input type="text" value="WCST:STAND7"/>	<input type="text" value="WCST:TSCR7"/>
% Perseverative Errors	<input type="text" value="WCST:RAW8"/>	<input type="text" value="WCST:STAND8"/>	<input type="text" value="WCST:TSCR8"/>
Nonperseverative Errors	<input type="text" value="WCST:RAW9"/>	<input type="text" value="WCST:STAND9"/>	<input type="text" value="WCST:TSCR9"/>
% Nonperseverative Errors	<input type="text" value="WCST:RAW10"/>	<input type="text" value="WCST:STAND10"/>	<input type="text" value="WCST:TSCR10"/>
Conceptual Level Responses	<input type="text" value="WCST:RAW11"/>		
% Conceptual Level Responses	<input type="text" value="WCST:RAW12"/>	<input type="text" value="WCST:STAND12"/>	<input type="text" value="WCST:TSCR12"/>

	Raw Score
Categories Completed	<input type="text" value="WCST:RAW13"/>
Trials to Complete 1 st Category	<input type="text" value="WCST:RAW14"/>
Failure to Maintain Set	<input type="text" value="WCST:RAW15"/>
Learning to Learn	<input type="text" value="WCST:RAW16"/>

(If necessary, enter <as <= and >as >=)

Comments for page:

Submit Query

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Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease	Test of Everyday Attention	
	Pilot Transfusion Trial	
	{visit.label}	Subject ID: Site:

Date of Assessment: / / Version: (TEAS:VERSION) A (TEAS:VERSION) B (TEAS:VERSION) C *(The version administered at study completion must be different from the version used at study entry.)*

DD MMM YYYY

Subtest 1: Map Search Scaled-scores

Symbols circled in one minute **MS1**

Symbols circled in two minutes **MS2**

Subtest 2: Elevator Counting

Correctly-counted strings

(TEAS:ST2NORM) 7 = normal
 (TEAS:ST2NORM) 6 = possibly abnormal
 (TEAS:ST2NORM) ≤5 = abnormal

Subtest 3: Elevator Counting with Distraction Scaled-scores

Correctly-counted strings **ECD**

(Rule out hearing impairments)

Subtest 4: Visual Elevator

Total time taken for correct items (seconds) ÷ Total number of switches for the correct items = Timing score (seconds per switch)

Raw accuracy score **VE1**

Timing score **VE2**

Scaled-scores

Subtest 5: Elevator Counting with Reversal Scaled-scores

Correctly-counted strings **ECR**

Subtest 6: Telephone search

Time taken (seconds) ÷ Total number of correctly-circled symbols (ignore any false positives) = **ARaw score (time per target score)**

Time per target score **TS**

Scaled-scores

Subtest 7: Telephone Search While Counting

Time taken (seconds) ÷ Total number of correctly-circled symbols (ignore any false positives)

$\overline{\text{TEAS:ST7TIME}}$	\div	$\overline{\text{TEAS:ST7CORR}}$	$=$	$\overline{\text{TEAS:ST7B}}$ B Time per target score
Number of strings of tones correctly counted		Number of strings of tones attempted		
$\overline{\text{TEAS:ST7STR}}$	\div	$\overline{\text{TEAS:ST7C}}$ C	$=$	$\overline{\text{TEAS:ST7D}}$ D Proportion correctly counted
Re-enter B here		Re-enter D here		$\overline{\text{TEAS:ST7TARG}}$ E Time per target weighted for accuracy of tone-counting
$\overline{\text{TEAS:ST7REB}}$	\div	$\overline{\text{TEAS:ST7RED}}$	$=$	
Re-enter E here		Re-enter A here		$\overline{\text{TEAS:ST7DUAL}}$ Dual task decrement
$\overline{\text{TEAS:ST7REE}}$	$-$	$\overline{\text{TEAS:ST7REA}}$	$=$	

Scaled-scores

Dual task decrement $\overline{\text{TEAS:ST7Q1}}$ **TSC** $\overline{\text{TEAS:TSC}}$

Subtest 8: Lottery

Scaled-scores

Number of responses with *at least* one letter correct and in the correct position $\overline{\text{TEAS:ST8Q1}}$ **L** $\overline{\text{TEAS:L}}$

Comments for page: $\overline{\text{TEAS:COMMENT}}$

<input type="button" value="Submit Query"/>	<input type="button" value="Cancel"/>	Form Completion Help	<input type="button" value="Print"/>	<input type="button" value="X Rho"/>
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Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease	CVLT-II Pilot Transfusion Trial	Date of Assessment: <input type="text" value="CVL2:ASSDA"/> / <input type="text" value="CVL2:ASSMO"/> / <input type="text" value="CVL2:ASSYR"/> DD MMM YYYY
	{visit.label}	Subject ID: Site:

Level of Recall

Level of Immediate Recall

	Number Correct	
	Raw	Standard Score
Trial 1	<input type="text" value="CVL2:CORRAW1"/>	<input type="text" value="CVL2:CORSTN1"/>
Trial 4	<input type="text" value="CVL2:CORRAW4"/>	<input type="text" value="CVL2:CORSTN4"/>
Trials 1-4 Total	<input type="text" value="CVL2:CORRAW5"/>	<input type="text" value="CVL2:CORSTN5"/>
(T-Score)		

Level of Delayed Recall

	Number Correct	
	Raw	Standard Score
Short Delay Free Recall	<input type="text" value="CVL2:CORRAW6"/>	<input type="text" value="CVL2:CORSTN6"/>
Long Delay Free Recall	<input type="text" value="CVL2:CORRAW7"/>	<input type="text" value="CVL2:CORSTN7"/>
Long Delay Cued Recall	<input type="text" value="CVL2:CORRAW8"/>	<input type="text" value="CVL2:CORSTN8"/>

Learning Characteristics, Trials 1-4 Total

	Raw	Standard Score
Semantic Clustering (Chance Adjusted)	<input type="text" value="CVL2:SEMRAW"/>	<input type="text" value="CVL2:SEMSTN"/>
Serial Clustering Bidirectional (Chance Adjusted)	<input type="text" value="CVL2:SERRAW"/>	<input type="text" value="CVL2:SERSTN"/>
Subjective Clustering Bidirectional (Chance Adjusted)	<input type="text" value="CVL2:SUBRAW"/>	<input type="text" value="CVL2:SUBSTN"/>
Total Learning Slope Trials 1-4	<input type="text" value="CVL2:TLSTRAW"/>	<input type="text" value="CVL2:TLSTSTN"/>

Recall Contrast Measures

	Percent Change	Z-Score Difference
Short-Delay Retention (Short Delay Free Recall vs. Trial 4)	<input type="text" value="CVL2:SDRPCT"/>	<input type="text" value="CVL2:SDRZSCR"/>
Long-Delay Retention (Long Delay Free Recall vs. Short Delay Free Recall)	<input type="text" value="CVL2:LDRPCT"/>	<input type="text" value="CVL2:LDRZSCR"/>

Recall Errors

	Raw	Standard Score
Total Repetitions (All Recall Trials)	<input type="text" value="CVL2:REPRAW4"/>	<input type="text" value="CVL2:REPSTN4"/>
Total Intrusions (All Recall Trials, All Types)	<input type="text" value="CVL2:INTRAW3"/>	<input type="text" value="CVL2:INTSTN3"/>
Total Recall Discriminability (List A, All Trials vs. Total Intrusions)	<input type="text" value="CVL2:DISCRAW"/>	<input type="text" value="CVL2:DISCSTN"/>

Delayed Recognition Trials

Yes/No Recognition

Forced Choice Recognition

Yes/No Recognition		Forced Choice Recognition		
Raw	Standard Score	Raw	Age Group Freq.- % with this score	Age Group Freq.- Cum. % w/ better score
Total Hits	<input type="text" value="CVL2:HITRAW5"/> <input type="text" value="CVL2:HITSTN5"/>	% Total Accuracy	<input type="text" value="CVL2:ACCRAW"/> <input type="text" value="CVL2:ACCPCT1"/>	<input type="text" value="CVL2:ACCPCT2"/>
Total False Positives	<input type="text" value="CVL2:FPRAW6"/> <input type="text" value="CVL2:FPSTN6"/>			
Total Recognition Discriminability (d')	<input type="text" value="CVL2:TDRRAW"/> <input type="text" value="CVL2:TDRSTN"/>			
Total Response Bias (C)	<input type="text" value="CVL2:BIASRAW"/> <input type="text" value="CVL2:BIASSTN"/>			

Comments for Page:

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Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease

**WMS-III
Pilot Transfusion Trial**

{visit.label}

Subject ID:

Site:

Date of Assessment:

WMS3:ASSDA / WMS3:ASSMO / WMS3:ASSYR
DD MMM YYYY

Primary Subtest Total Scores	Raw Scores	Auditory Immediate	Visual Immediate	Immediate Memory	Auditory Delayed	Visual Delayed	Auditory Recognition Delayed	General Memory	Reference Group Scaled Scores
Logical Memory I Recall Total Score	WMS3:LOG1RAW	WMS3:LOG1AIM		WMS3:LOG1MEM					WMS3:LOG1SCL
Faces I Recognition Total Score	WMS3:FAC1RAW		WMS3:FAC1VIM	WMS3:FAC1MEM					WMS3:FAC1SCL
Verbal Paired Associates I Recall Total Score	WMS3:VER1RAW	WMS3:VER1AIM		WMS3:VER1MEM					WMS3:VER1SCL
Family Pictures I Recall Total Score	WMS3:FAM1RAW		WMS3:FAM1VIM	WMS3:FAM1MEM					WMS3:FAM1SCL
Logical Memory II Recall Total Score	WMS3:LOG2RAW				WMS3:LOG2AD			WMS3:LOG2GM	WMS3:LOG2SCL
Faces II Recognition Total Score	WMS3:FAC2RAW					WMS3:FAC2VD		WMS3:FAC2GM	WMS3:FAC2SCL
Verbal Paired Associates II Recall Total Score	WMS3:VER2RAW				WMS3:VER2AD			WMS3:VER2GM	WMS3:VER2SCL
Family Pictures II Recall Total Score	WMS3:FAM2RAW					WMS3:FAM2VD		WMS3:FAM2GM	WMS3:FAM2SCL
Auditory Recognition Delayed Total Score	WMS3:AUDRAW						WMS3:AUDARD	WMS3:AUDGM	WMS3:AUDSCL
Sums of Scaled Scores		WMS3:SUMAIM	WMS3:SUMVIM	WMS3:SUMMEM	WMS3:SUMAD	WMS3:SUMVD	WMS3:SUMARD	WMS3:SUMGM	

Auditory Recognition Delayed Total Score Calculation

LM II Recognition Total Score	VPA II Recognition Total Score	Auditory Recognition Delayed Total Score
WMS3:ARDLM2	+	WMS3:ARDVPA2 =
WMS3:ARDARDT		
(Range= 0 - 30)		(Range= 0 - 54)



	Auditory Immediate	Visual Immediate	Immediate Memory	Auditory Delayed	Visual Delayed	Auditory Recognition Delayed	General Memory
Index Scores							
Sum of Scaled Scores	WMS3:AISUM	WMS3:VISUM	WMS3:IMSUM	WMS3:ADSUM	WMS3:VDSUM	WMS3:ARDSUM	WMS3:GMSUM
Index Scores	WMS3:AIINDEX	WMS3:VIINDEX	WMS3:IMINDEX	WMS3:ADINDEX	WMS3:VDINDEX	WMS3:ARDINDEX	WMS3:GMINDEX
Percentiles	WMS3:AIPCT	WMS3:VIPCT	WMS3:IMPCT	WMS3:ADPCT	WMS3:VDPCT	WMS3:ARDPCT	WMS3:GMPCT
Confidence Intervals	WMS3:AICONF	WMS3:VICONF	WMS3:IMCONF	WMS3:ADCONF	WMS3:VDCONF	WMS3:ARDCONF	WMS3:GMCONF

Enter all confidence

*intervals as
a range, X-Y*

WMS3 : INTERVL %							
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Comments for page: WMS3 : COMMENT

<input type="button" value="Submit Query"/>	<input type="button" value="Cancel"/>	Form Completion Help	<input type="button" value="Print"/>	<input type="button" value="✕ Rho"/>
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**Neuropsychological Dysfunction
and Neuroimaging Abnormalities
in Neurologically Intact Adult
Patients With Sickle Cell Disease**

SF-36

Pilot Transfusion Trial

{visit.label}

Subject ID:

Site:

Initial or End of Phase II?

(SF36:INITEND) Initial

(SF36:INITEND) End of Phase II

**Date Form
Completed:**

/ /
DD MMM YYYY

SF-36v2™ Health Survey

This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities.

Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is: [Click on the box that best describes your answer.]

- (SF36:SFQ1) Excellent
- (SF36:SFQ1) Very Good
- (SF36:SFQ1) Good
- (SF36:SFQ1) Fair
- (SF36:SFQ1) Poor

2. Compared to one year ago, how would you rate your health in general now?

- (SF36:SFQ2) Much better now than one year ago
- (SF36:SFQ2) Somewhat better now than one year ago
- (SF36:SFQ2) About the same as one year ago
- (SF36:SFQ2) Somewhat worse now than one year ago
- (SF36:SFQ2) Much worse now than one year ago

3. The following questions are about activities you might do during a typical day. *Does your health now limit you in these activities? If so, how much?* [Select an option on each line.]

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. <i>Vigorous Activities</i> , such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/> (SF36:SFQ3A)	<input type="checkbox"/> (SF36:SFQ3A)	<input type="checkbox"/> (SF36:SFQ3A)
b. <i>Moderate Activities</i> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/> (SF36:SFQ3B)	<input type="checkbox"/> (SF36:SFQ3B)	<input type="checkbox"/> (SF36:SFQ3B)
c. Lifting or carrying groceries	<input type="checkbox"/> (SF36:SFQ3C)	<input type="checkbox"/> (SF36:SFQ3C)	<input type="checkbox"/> (SF36:SFQ3C)
d. Climbing <i>several</i> flights of stairs	<input type="checkbox"/> (SF36:SFQ3D)	<input type="checkbox"/> (SF36:SFQ3D)	<input type="checkbox"/> (SF36:SFQ3D)
e. Climbing <i>one</i> flight of stairs	<input type="checkbox"/> (SF36:SFQ3E)	<input type="checkbox"/> (SF36:SFQ3E)	<input type="checkbox"/> (SF36:SFQ3E)
f. Bending, kneeling, or stooping	<input type="checkbox"/> (SF36:SFQ3F)	<input type="checkbox"/> (SF36:SFQ3F)	<input type="checkbox"/> (SF36:SFQ3F)
g. Walking <i>more than a mile</i>	<input type="checkbox"/> (SF36:SFQ3G)	<input type="checkbox"/> (SF36:SFQ3G)	<input type="checkbox"/> (SF36:SFQ3G)
h. Walking <i>several hundred yards</i>	<input type="checkbox"/> (SF36:SFQ3H)	<input type="checkbox"/> (SF36:SFQ3H)	<input type="checkbox"/> (SF36:SFQ3H)
i. Walking <i>one hundred yards</i>	<input type="checkbox"/> (SF36:SFQ3I)	<input type="checkbox"/> (SF36:SFQ3I)	<input type="checkbox"/> (SF36:SFQ3I)
j. Bathing or dressing yourself	<input type="checkbox"/> (SF36:SFQ3J)	<input type="checkbox"/> (SF36:SFQ3J)	<input type="checkbox"/> (SF36:SFQ3J)

4. During the *past 4 weeks*, how much of the time have you had any of the following problems with your work or other regular daily

activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Cut down on the <i>amount of time</i> you spent on work or other activities	<input type="checkbox"/> (SF36:SFQ4A)	<input type="checkbox"/> (SF36:SFQ4A)	<input type="checkbox"/> (SF36:SFQ4A)	<input type="checkbox"/> (SF36:SFQ4A)	<input type="checkbox"/> (SF36:SFQ4A)
b. <i>Accomplished less</i> than you would like	<input type="checkbox"/> (SF36:SFQ4B)	<input type="checkbox"/> (SF36:SFQ4B)	<input type="checkbox"/> (SF36:SFQ4B)	<input type="checkbox"/> (SF36:SFQ4B)	<input type="checkbox"/> (SF36:SFQ4B)
c. Were limited in the <i>kind of work</i> or other activities	<input type="checkbox"/> (SF36:SFQ4C)	<input type="checkbox"/> (SF36:SFQ4C)	<input type="checkbox"/> (SF36:SFQ4C)	<input type="checkbox"/> (SF36:SFQ4C)	<input type="checkbox"/> (SF36:SFQ4C)
d. Had <i>difficulty</i> performing the work or other activities (for example, it took extra effort)	<input type="checkbox"/> (SF36:SFQ4D)	<input type="checkbox"/> (SF36:SFQ4D)	<input type="checkbox"/> (SF36:SFQ4D)	<input type="checkbox"/> (SF36:SFQ4D)	<input type="checkbox"/> (SF36:SFQ4D)

5. During the *past 4 weeks*, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any *emotional problems* (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Cut down on the <i>amount of time</i> you spent on work or other activities	<input type="checkbox"/> (SF36:SFQ5A)	<input type="checkbox"/> (SF36:SFQ5A)	<input type="checkbox"/> (SF36:SFQ5A)	<input type="checkbox"/> (SF36:SFQ5A)	<input type="checkbox"/> (SF36:SFQ5A)
b. <i>Accomplished less</i> than you would like	<input type="checkbox"/> (SF36:SFQ5B)	<input type="checkbox"/> (SF36:SFQ5B)	<input type="checkbox"/> (SF36:SFQ5B)	<input type="checkbox"/> (SF36:SFQ5B)	<input type="checkbox"/> (SF36:SFQ5B)
c. Did work or activities <i>less carefully than usual</i>	<input type="checkbox"/> (SF36:SFQ5C)	<input type="checkbox"/> (SF36:SFQ5C)	<input type="checkbox"/> (SF36:SFQ5C)	<input type="checkbox"/> (SF36:SFQ5C)	<input type="checkbox"/> (SF36:SFQ5C)

6. During the *past 4 weeks*, to what extent has your *physical health* or *emotional problems* interfered with your normal social activities with family, friends, neighbors, or groups?

- (SF36:SFQ6) Not at all
- (SF36:SFQ6) Slightly
- (SF36:SFQ6) Moderately
- (SF36:SFQ6) Quite a bit
- (SF36:SFQ6) Extremely

7. How much *bodily pain* have you had during the *past 4 weeks*?

- (SF36:SFQ7) None
- (SF36:SFQ7) Very Mild
- (SF36:SFQ7) Mild
- (SF36:SFQ7) Moderate
- (SF36:SFQ7) Severe
- (SF36:SFQ7) Very Severe

8. During the *past 4 weeks*, how much did *pain* interfere with your normal work (including both work outside the home and housework)?

- (SF36:SFQ8) Not at all
- (SF36:SFQ8) A little bit
- (SF36:SFQ8) Moderately
- (SF36:SFQ8) Quite a bit
- (SF36:SFQ8) Extremely

9. These questions are about how you feel and how things have been with you *during the past 4 weeks*. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the *past 4 weeks*...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Did you feel full of life?	<input type="checkbox"/> (SF36:SFQ9A)	<input type="checkbox"/> (SF36:SFQ9A)	<input type="checkbox"/> (SF36:SFQ9A)	<input type="checkbox"/> (SF36:SFQ9A)	<input type="checkbox"/> (SF36:SFQ9A)
b. Have you been very nervous?	<input type="checkbox"/> (SF36:SFQ9B)	<input type="checkbox"/> (SF36:SFQ9B)	<input type="checkbox"/> (SF36:SFQ9B)	<input type="checkbox"/> (SF36:SFQ9B)	<input type="checkbox"/> (SF36:SFQ9B)
c. Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/> (SF36:SFQ9C)	<input type="checkbox"/> (SF36:SFQ9C)	<input type="checkbox"/> (SF36:SFQ9C)	<input type="checkbox"/> (SF36:SFQ9C)	<input type="checkbox"/> (SF36:SFQ9C)
d. Have you felt calm and peaceful?	<input type="checkbox"/> (SF36:SFQ9D)	<input type="checkbox"/> (SF36:SFQ9D)	<input type="checkbox"/> (SF36:SFQ9D)	<input type="checkbox"/> (SF36:SFQ9D)	<input type="checkbox"/> (SF36:SFQ9D)

- e. Did you have a lot of energy? (SF36:SFQ9E) (SF36:SFQ9E) (SF36:SFQ9E) (SF36:SFQ9E) (SF36:SFQ9E)
- f. Have you felt downhearted and depressed (SF36:SFQ9F) (SF36:SFQ9F) (SF36:SFQ9F) (SF36:SFQ9F) (SF36:SFQ9F)
- g. Did you feel worn out? (SF36:SFQ9G) (SF36:SFQ9G) (SF36:SFQ9G) (SF36:SFQ9G) (SF36:SFQ9G)
- h. Have you been happy? (SF36:SFQ9H) (SF36:SFQ9H) (SF36:SFQ9H) (SF36:SFQ9H) (SF36:SFQ9H)
- i. Did you feel tired? (SF36:SFQ9I) (SF36:SFQ9I) (SF36:SFQ9I) (SF36:SFQ9I) (SF36:SFQ9I)

10. During the *past 4 weeks*, how much of the time has your *physical health or emotional problems* interfered with your social activities (like visiting friends, relatives, etc.)?

- (SF36:SFQ10) All of the time
- (SF36:SFQ10) Most of the time
- (SF36:SFQ10) Some of the time
- (SF36:SFQ10) A little of the time
- (SF36:SFQ10) None of the time

11. How TRUE or FALSE is *each* of the following statements for you?

- | | Definitely true | Mostly true | Don't know | Mostly false | Definitely false |
|---|--|--|--|--|--|
| a. I seem to get sick a little easier than other people | <input type="checkbox"/> (SF36:SFQ11A) | <input type="checkbox"/> (SF36:SFQ11A) | <input type="checkbox"/> (SF36:SFQ11A) | <input type="checkbox"/> (SF36:SFQ11A) | <input type="checkbox"/> (SF36:SFQ11A) |
| b. I am as healthy as anybody I know | <input type="checkbox"/> (SF36:SFQ11B) | <input type="checkbox"/> (SF36:SFQ11B) | <input type="checkbox"/> (SF36:SFQ11B) | <input type="checkbox"/> (SF36:SFQ11B) | <input type="checkbox"/> (SF36:SFQ11B) |
| c. I expect my health to get worse | <input type="checkbox"/> (SF36:SFQ11C) | <input type="checkbox"/> (SF36:SFQ11C) | <input type="checkbox"/> (SF36:SFQ11C) | <input type="checkbox"/> (SF36:SFQ11C) | <input type="checkbox"/> (SF36:SFQ11C) |
| d. My health is excellent | <input type="checkbox"/> (SF36:SFQ11D) | <input type="checkbox"/> (SF36:SFQ11D) | <input type="checkbox"/> (SF36:SFQ11D) | <input type="checkbox"/> (SF36:SFQ11D) | <input type="checkbox"/> (SF36:SFQ11D) |

Comments for page:

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Randomization

Pilot Transfusion Trial

Neuropsychological Dysfunction
and Neuroimaging Abnormalities
in Neurologically Intact Adult
Patients With Sickle Cell Disease

{visit.label}

Subject ID:

Site:

Into which arm is this subject being randomized?

(RAND:ARM) Chronic transfusion regimen for 6 months

(RAND:ARM) Standard care based on disease symptoms

Date of Randomization:

/

/

DD

MMM

YYYY

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Transfusion

Pilot Transfusion Trial

Neuropsychological Dysfunction
and Neuroimaging Abnormalities
in Neurologically Intact Adult
Patients With Sickle Cell Disease

Subject ID:

Site:

Complete this form for each transfusion.

Complete this shaded section for female subjects only:

Ask all female subjects of child-bearing potential the following question when the pre-transfusion blood sample is drawn:

Do you suspect that you are pregnant?

(TRAN:PREGNNT)

Yes

(TRAN:PREGNNT)

No

(TRAN:PREGNNT) Not sure

Perform a pregnancy test before transfusion if the subject replies 'Yes' or 'Not sure'. If the subject is pregnant, do not perform the transfusion and **exclude the subject from the study.**

Type:

(TRAN:TYPE)

Urine

(TRAN:TYPE)

Serum

Result:

(TRAN:RESULT)

Positive

(TRAN:RESULT)

Negative

Pregnancy Test:

Date of
Collection:

DD

MMM

YYYY

Complete this section for all subjects.

Date of Transfusion:

DD

MMM

YYYY

Date of Pre-Transfusion
Blood Sample:

DD

MMM

YYYY

Pre-Transfusion Hb (g/dL):

Pre-Transfusion Hct %:

Pre-Transfusion Hemoglobin
Electrophoresis

Sample MUST be obtained within 3 days prior to transfusion. After the first transfusion, pre-transfusion Hb should be ≥ 2.0 g/dL above the baseline, without dropping below 9.0 g/dL. If the subject drops below 9.0 g/dL, then increase the quantity of blood transfused or schedule the next transfusion 1-2 weeks earlier in order to maintain. Consult the Principal Investigator if pre-

transfusion Hb is < 9.0 g/dL on more than one occasion.

A (%)

S (%)

F (%)

A2 (%)

Other (%) Specify:

Direct Coombs' test positive? (TRAN:DIRCO) Yes (TRAN:DIRCO) No

Indirect Coombs' test positive? (TRAN:INDIRCO) Yes (TRAN:INDIRCO) No

Consult Dr. Ken Ataga (919-216-5626), the medical monitor for the study, if the Direct Coombs' test results are questionable, such as weakly positive (not > 1+) or antibodies with no specificity.

Red cell antibody screening results:

If red cell antibodies described, list below and indicate new or known:

- (TRAN:ANTIB1N) New (TRAN:ANTIB1N) Known
- (TRAN:ANTIB2N) New (TRAN:ANTIB2N) Known
- (TRAN:ANTIB3N) New (TRAN:ANTIB3N) Known
- (TRAN:ANTIB4N) New (TRAN:ANTIB4N) Known
- (TRAN:ANTIB5N) New (TRAN:ANTIB5N) Known

Amount transfused: Units of packed cells

Did the subject receive more than 3.0 units of packed RBCs during this transfusion? (TRAN:RBCMAX) Yes (TRAN:RBCMAX) No

If yes, specify reason:

Were the units leukodepleted? (TRAN:LEUKDEP) Yes (TRAN:LEUKDEP) No

Were the units phenotypically matched? (TRAN:PHENMAT) Yes (TRAN:PHENMAT) No

Did the subject experience a transfusion reaction? (TRAN:TRANRXN) Yes (TRAN:TRANRXN) No *(If yes, complete the Transfusion Reaction form)*

Comments for page:

[Form Completion Help](#)

Interval History

Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease

Pilot Transfusion Trial

Subject ID:

Site:

Type of contact:

/ /

- (INTH:CONTACT) Phone call
 (INTH:CONTACT) Visit

Completion Date: DD MMM YYYY

Record information since the last study visit (or phone call if a control subject).

Has the subject begun any new chronic medication? (INTH:NEWMED) Yes (INTH:NEWMED) No
(If yes, record on Concomitant Medication form.)

Has the subject had a neurological event, including stroke, TIA, loss of consciousness? (INTH:NEUROEV) Yes (INTH:NEUROEV) No
(If yes, complete the Neurological Event form.)

Record all transfusions that have occurred for any reason other than for this study since the subject's last phone call or visit (intake, study transfusion, or interval visit). Click the [Add visit] button to enter an unscheduled transfusion.

Date of Transfusion:	<input type="text" value="UTRN:TRANSDA"/> / <input type="text" value="UTRN:TRANSMO"/> / <input type="text" value="UTRN:TRANSYR"/>	Amount transfused:	<input type="text" value="UTRN:PCELLUN"/> Units of packed cells	
Reason for transfusion:	<input type="text" value="UTRN:REASON"/>			
Did subject experience a transfusion reaction?	<input type="checkbox"/> (UTRN:TRANSRX) No <input type="checkbox"/> (UTRN:TRANSRX) Yes	<i>(If yes, complete the Transfusion Reaction form.)</i>		
Were the units leukodepleted?	<input type="checkbox"/> (UTRN:LEUKDEP) No <input type="checkbox"/> (UTRN:LEUKDEP) Yes			Remove
Were the units phenotypically matched?	<input type="checkbox"/> (UTRN:PHENMAT) No <input type="checkbox"/> (UTRN:PHENMAT) Yes			

Add visit

Was the subject treated at home for any new pain event? (INTH:HOMEEX) Yes (INTH:HOMEEX) No

If yes, how many pain events were experienced since the last study visit or phone call?

Did the subject receive any pain medication other than Tylenol, aspirin, or Motrin for any pain event? (INTH:PAINMED) Yes (INTH:PAINMED) No

Has the subject begun any new therapies? (INTH:NEWTHR) Yes (INTH:NEWTHR) No

If yes, describe:

Record all hospitalizations that have occurred since the subject's last phone call or visit (intake, study transfusion, or interval visit). Be sure to complete the appropriate adverse experience form for each hospitalization. Click the [Add hospitalization] button to enter a hospitalization.

Date of Admission (dd/mmm/yy)	Date of Discharge (dd/mmm/yy)	Reason for Admission <i>(select primary reason from the list below and record any pertinent comments regarding reason for admission in the space provided)</i>
<input type="text" value="HOSP:ADMISDA"/> / <input type="text" value="HOSP:ADMISMO"/> / <input type="text" value="HOSP:ADMISYR"/>	<input type="text" value="HOSP:DISCHDA"/> / <input type="text" value="HOSP:DISCHMO"/> / <input type="text" value="HOSP:DISCHYR"/>	<input type="checkbox"/> (HOSP:ADREAS) Pain <input type="checkbox"/> (HOSP:ADREAS) Fever <input type="checkbox"/> (HOSP:ADREAS) Infection <input type="checkbox"/> (HOSP:ADREAS) ACS <input type="checkbox"/> (HOSP:ADREAS) Stroke <input type="checkbox"/> (HOSP:ADREAS) Surgery <input type="checkbox"/> (HOSP:ADREAS) Other: <input type="text" value="HOSP:ADREASO"/>
		<input type="text" value="HOSP:ADREASD"/> Remove

Add hospitalization

Record all emergency room or unscheduled clinic visits that have occurred since the subject's last phone call or visit (intake, study transfusion, or interval visit). Be sure to complete the appropriate adverse experience form for each emergency room or unscheduled clinic visit. Click the [Add visit] button to enter an emergency room or unscheduled clinic visit.

Date of Visit (dd/mmm/yy)	Reason for Visit	Subject Disposition
<input type="text" value="EMER:VISITDA"/> / <input type="text" value="EMER:VISITMO"/> / <input type="text" value="EMER:VISITYR"/>	<input type="text" value="EMER:VISREAS"/>	<input type="checkbox"/> (EMER:SUBDISP) Discharged to home <input type="checkbox"/> (EMER:SUBDISP) Admitted to hospital <input type="checkbox"/> (EMER:SUBDISP) Other, specify: <input type="text" value="EMER:OTDISPS"/>
		Remove

Add visit

Comments for page:

Submit Query

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Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease

Neurological Event

Pilot Transfusion Trial

Subject ID:

Site:

Complete this form for **each** Neurological Event. **DO NOT** complete an Adverse Experience form.

Date of event: / /
DD MMM YYYY

Where was the subject first seen for this event? (NEVF:SEEN) Hospital (NEVF:SEEN) ER (NEVF:SEEN) Other, specify

Was this a Serious Adverse Experience (SAE)? (NEVF:SAE) Yes (NEVF:SAE) No
If "Yes", submit an SAE form.

Were signs or symptoms noted at a previous visit? (NEVF:SYMPTOM) Yes (NEVF:SYMPTOM) No

Which signs or symptoms occurred? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> (NEVF:LOSSCON) Loss of consciousness | <input type="checkbox"/> (NEVF:BEHAVE) Change in behavior |
| <input type="checkbox"/> (NEVF:MENTAL) Change in mental status | <input type="checkbox"/> (NEVF:SENDIS) New sensory disturbance. Specify side: <input type="text" value="NEVF:SENDISS"/> |
| <input type="checkbox"/> (NEVF:SPEECH) Loss or difficulty with speech | <input type="checkbox"/> (NEVF:VISDIF) Difficulty with vision. Specify side: <input type="text" value="NEVF:VISDIFS"/> |
| <input type="checkbox"/> (NEVF:SWALLOW) Difficulty with swallowing | <input type="checkbox"/> (NEVF:HEADAC) Headache. Specify diffuse or focal: <input type="text" value="NEVF:HEADACS"/> |
| <input type="checkbox"/> (NEVF:BALANCE) Loss of balance or dizziness | <input type="checkbox"/> (NEVF:GAIT) Change in gait or coordination |
| <input type="checkbox"/> (NEVF:SEIZURE) Seizure | <input type="checkbox"/> (NEVF:PARALY) Paralysis or weakness. Specify side: <input type="text" value="NEVF:PARALYS"/> |

Please describe this event:

Which tests, if any, were performed in order to evaluate this event? (Check all that apply. File any results in subject's folder)

- | | |
|---|--|
| <input type="checkbox"/> (NEVF:MRI) MRI of brain | <input type="checkbox"/> (NEVF:ARTERIO) Arteriogram |
| <input type="checkbox"/> (NEVF:CT) CT scan of brain | <input type="checkbox"/> (NEVF:TCD) TCD |
| <input type="checkbox"/> (NEVF:PET) PET scan of brain | <input type="checkbox"/> (NEVF:TESTOT) Other, specify: <input type="text" value="NEVF:TESTOTS"/> |
| <input type="checkbox"/> (NEVF:MRA) MRA of brain | |

What was the final diagnosis?

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> (NEVF:DIAGNO) Cerebral Infarction | <input type="checkbox"/> (NEVF:DIAGNO) Intracranial Hemorrhage | <input type="checkbox"/> (NEVF:DIAGNO) TIA | <input type="checkbox"/> (NEVF:DIAGNO) Seizure | <input type="checkbox"/> (NEVF:DIAGNO) Other, specify: <input type="text" value="NEVF:DIAGOTS"/> |
|--|--|--|--|--|

Was a neurological evaluation performed by a study investigator? (NEVF:INVEST) Yes (NEVF:INVEST) No

Did the event result in hospitalization? (NEVF:HOSPIT) Yes (NEVF:HOSPIT) No (If yes, record on Interval History form and submit an SAE form.)

Was the subject transfused for this event? (NEVF:TRANS) Yes (NEVF:TRANS) No (If yes, record on Interval History form.)

Is the event related to study intervention?

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> (NEVF:RELATED) Definitely not | <input type="checkbox"/> (NEVF:RELATED) Probably not | <input type="checkbox"/> (NEVF:RELATED) Possibly | <input type="checkbox"/> (NEVF:RELATED) Probably related | <input type="checkbox"/> (NEVF:RELATED) Definitely related |
|--|--|--|--|--|

What was the outcome of this event?

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> (NEVF:OUTCOME) Resolved without sequelae | <input type="checkbox"/> (NEVF:OUTCOME) Resolved with sequelae | <input type="checkbox"/> (NEVF:OUTCOME) Ongoing | <input type="checkbox"/> (NEVF:OUTCOME) Present at death, not contributing to death | <input type="checkbox"/> (NEVF:OUTCOME) Death due to AE |
|---|--|---|---|---|

(If the subject died, complete the Death form.)

(NEVF:RECSSENT)

Check this box to indicate that a copy of the hospitalization records or admission and discharge summaries were sent to Rho. If unavailable, the PI should send a detailed description of the event.

Comments for page:

NEVF:COMMENT

Submit Query

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**Neuropsychological Dysfunction and
Neuroimaging Abnormalities in
Neurologically Intact Adult Patients
With Sickle Cell Disease**

Adverse Experience

Pilot Transfusion Trial

Subject ID:

Site:

Complete this form for **each** adverse experience **other than transfusion reactions or neurological events**.

Describe this Adverse Experience (AE):

AEXP:ADEXPER

Was this a Serious Adverse Experience (SAE)?
(If "Yes", submit an SAE form.)

(AEXP:SAEYN) Yes (AEXP:SAEYN) No

Date of onset:

AEXP:ONSETDA / AEXP:ONSETMO / AEXP:ONSETYR
DD MMM YYYY

Date of resolution:

AEXP:RESOLDA / AEXP:RESOLMO / AEXP:RESOLYR
DD MMM YYYY

What was the outcome?

- (AEXP:OUTCOME) Resolved without sequelae
- (AEXP:OUTCOME) Resolved with sequelae
- (AEXP:OUTCOME) Ongoing
- (AEXP:OUTCOME) Present at death, not contributing to death
- (AEXP:OUTCOME) Death due to AE (complete the Death CRF pg. 28)

What was the level of severity?

- (AEXP:SEVERE) Mild
- (AEXP:SEVERE) Moderate
- (AEXP:SEVERE) Severe
- (AEXP:SEVERE) Life threatening
- (AEXP:SEVERE) Death

(Complete an SAE form if the adverse experience resulted in: inpatient hospitalization or prolonging of existing hospitalization, a persistent or significant disability/incapacity, a congenital anomaly/birth defect, a life-threatening experience, or death. Refer to protocol section 11 for guidelines regarding reporting of AEs and SAEs.)

What was the relationship to intervention?

- (AEXP:RELATE) Unrelated
- (AEXP:RELATE) Probably not/remote
- (AEXP:RELATE) Possibly related
- (AEXP:RELATE) Probably related
- (AEXP:RELATE) Definitely related

What action was taken?
(Check all actions taken)

- (AEXP:ACTION1) No action
- (AEXP:ACTION2) Study intervention temporarily interrupted
- (AEXP:ACTION3) Study intervention discontinued
- (AEXP:ACTION4) Study intervention adjusted
- (AEXP:ACTION5) Medical intervention
- (AEXP:ACTION6) Hospitalization

Comments for page: AEXP:COMMENT

Submit Query

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Death

**Neuropsychological Dysfunction
and Neuroimaging Abnormalities in
Neurologically Intact Adult Patients
With Sickle Cell Disease**

Pilot Transfusion Trial

Subject ID:

Site:

Be sure to notify the sponsor, record the event leading to death on corresponding AE CRF (Transfusion Reaction, Neurological Event, OR Adverse Experience), and submit an SAE report.

Date of death:

DD

/

MMM

/

YYYY

(Send a copy of all hospitalization records to Rho. Include another copy in the subject's folder)

Was an autopsy performed?

(DETH:AUTOPSY)

Yes

(If yes, be sure to file report in subject's folder)

(DETH:AUTOPSY)

No

(DETH:AUTOPSY)

Unknown

What was the primary cause of death? (Choose only ONE)

(DETH:PRIMARY)

Fungal infection

(DETH:PRIMARY)

Sepsis

(DETH:PRIMARY)

Progressive malignancy

(DETH:PRIMARY)

Cardiac arrest

(DETH:PRIMARY)

Respiratory failure

(DETH:PRIMARY)

Renal failure

(DETH:PRIMARY)

Multi-system organ failure

(DETH:PRIMARY)

Hepatic failure

(DETH:PRIMARY)

Pneumonia

(DETH:PRIMARY)

Other

Specify:

Were there secondary causes of death?

(DETH:SECCAUS)

Yes

(DETH:SECCAUS)

No

If yes, what was the secondary cause(s) of death? (Check all that apply.)

(DETH:FUNGAL)

Fungal infection

(DETH:SEPSIS)

Sepsis

(DETH:PROGMAL)

Progressive malignancy

(DETH:CARDARR)

Cardiac arrest

(DETH:RESPF)

Respiratory failure

(DETH:RENALF)

Renal failure

(DETH:ORGANF)

Multi-system organ failure

(DETH:HEPATF)

Hepatic failure

(DETH:PNEUMO)

Pneumonia

(DETH:SECOT)

Other

Specify:

Comments for page:

[Form Completion Help](#)

Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease

Concomitant Medications

Pilot Transfusion Trial

Subject ID:
Site:

Check this box **after study completion** if this subject did not take any concomitant medications while enrolled in this study. If the subject took any medications while enrolled in (NOCM:NOCMEDS) this study, click the [Add medication] button to enter the concomitant medication. Be sure to record all medications taken by the subject while enrolled in this study **with the exception of antibiotics or vitamins.**

Record start date in the dd/mmm/yy format. Record stop date in the dd/mmm/yy format if applicable, or check "Ongoing". Indicate if the information was taken from the medical record or by interview.

Medication	Indication	Start Date (dd/mmm/yyyy)	Stop Date (dd/mmm/yyyy)	Check if Ongoing	Information from:
<input type="text" value="CMED:MEDICAT"/>	<input type="text" value="CMED:INDICAT"/>	<input type="text" value="CMED:STARTDA"/> / <input type="text" value="CMED:STARTMO"/> / <input type="text" value="CMED:STARTYR"/>	<input type="text" value="CMED:STOPDA"/> / <input type="text" value="CMED:STOPMO"/> / <input type="text" value="CMED:STOPYR"/>	<input type="checkbox"/> (CMED:ONGOING)	<input type="checkbox"/> (CMED:RECORD) Medical record <input type="checkbox"/> (CMED:INTERV) Interview <input type="button" value="Remove"/>

[Form Completion Help](#)

**Neuropsychological Dysfunction and
Neuroimaging Abnormalities in
Neurologically Intact Adult Patients
With Sickle Cell Disease**

Debriefing

Pilot Transfusion Trial

{visit.label}

Subject ID:
Site:

NP Battery Debriefing

Date of Battery
Completion:

/ /

DD MMM YYYY

Battery tests
administered by:

Date of Battery Debriefing:

/ /

DD MMM YYYY

Debriefing
conducted by:

1. Did the neuropsychologist provide a completed NP debriefing letter template?

<input type="checkbox"/>	<input type="checkbox"/>
(DEB2:BATDBQ1)	(DEB2:BATDBQ1)
Yes	No

2. If yes, is a copy of the completed NP battery debriefing letter template present in the subject's research record?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(DEB2:BATDBQ2)	(DEB2:BATDBQ2)	(DEB2:BATDBQ2)
Yes	No	N/A

3. How was the debriefing conducted?

<input type="checkbox"/>	(DEB2:BATDBQ3) In person	<input type="checkbox"/>	(DEB2:BATDBQ3) Telephone
<input type="checkbox"/>	(DEB2:BATDBQ3) Subject refused	<input type="checkbox"/>	(DEB2:BATDBQ3) Not conducted

4. If conducted, were the battery scores interpreted to the subject, explaining strengths and weaknesses, during the debriefing?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(DEB2:BATDBQ4)	(DEB2:BATDBQ4)	(DEB2:BATDBQ4)
Yes	No	N/A

5. Were any of the subject's 9 summary scores (Full Scale IQ; Verbal IQ; Performance IQ; Reading Achievement; Math Achievement; Naming Skills; Planning and Organization; Attention; Verbal Memory and Learning; Memory) considered borderline, below average, or impaired?

<input type="checkbox"/>	<input type="checkbox"/>
(DEB2:BATDBQ5)	(DEB2:BATDBQ5)
Yes	No

6. Did any of the subject's 9 summary scores change significantly (> 10 standard or scaled score points) since the Phase I evaluation?

<input type="checkbox"/>	<input type="checkbox"/>
(DEB2:BATDBQ6)	(DEB2:BATDBQ6)
Yes	No

7. If yes, was this change communicated to the subject and the treating physician?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(DEB2:BATDBQ7)	(DEB2:BATDBQ7)	(DEB2:BATDBQ7)
Yes	No	N/A

8. Were written results provided to the subject?

<input type="checkbox"/>	<input type="checkbox"/>
(DEB2:BATDBQ8)	(DEB2:BATDBQ8)
Yes	No

9. If indicated, was the subject provided with referrals for follow-up services (i.e., names and telephone numbers for remedial services) or were verbal recommendations made for services related to the test scores?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(DEB2:BATDBQ9)	(DEB2:BATDBQ9)	(DEB2:BATDBQ9)
Yes	No	N/A

MRI Debriefing

Date of MRI:

/ /
DD MMM YYYY

MRI interpreted by:

Date of MRI Debriefing:

/ /
DD MMM YYYY

MRI Debriefing

conducted by:

Major infarction noted?

(DEB2:INFARCT)
Yes

(DEB2:INFARCT) No

If yes, Site 1 (location):

If yes, Site 2 (location):

Watershed lesion?

(DEB2:WLESION)
Yes

(DEB2:WLESION) No

Moderate to severe atrophy?

(DEB2:ATROPHY)
Yes

(DEB2:ATROPHY) No

Other serious findings (i.e., hydrocephalus, tumor):

1. Did the radiologist provide a completed MRI debriefing form?

(DEB2:MRIDBQ1)

Yes

(DEB2:MRIDBQ1)

No

2. If yes, is a copy of the MRI debriefing form present in the subject's research record?

(DEB2:MRIDBQ2)

Yes

(DEB2:MRIDBQ2)

No

(DEB2:MRIDBQ2)

N/A

3. How was the debriefing conducted?

(DEB2:MRIDBQ3) In
person

(DEB2:MRIDBQ3)
Telephone

(DEB2:MRIDBQ3) Subject refused

(DEB2:MRIDBQ3) Not conducted

4. If conducted, were the MRI results interpreted to the subject during the debriefing?

(DEB2:MRIDBQ4)

Yes

(DEB2:MRIDBQ4)

No

(DEB2:MRIDBQ4)

N/A

5. Does the subject want the MRI results sent to his/her primary care physician?

(DEB2:MRIDBQ5)

Yes

(DEB2:MRIDBQ5)

No

Comments for page:

Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease	Study Completion Pilot Transfusion Trial	
	{visit.label}	Subject ID: Site:

Completion date: / /
DD MMM YYYY

Was subject in the transfusion arm of the study? (SCPT:TRANARM) Yes (SCPT:TRANARM) No

How many transfusions were done during this phase of the study? (include transfusions done as a part of the study **and** unscheduled transfusions)

Indicate below the components of the study completed. If a component was not completed, specify reason why that particular component was not completed.

History and Physical Exam	<input type="checkbox"/> (SCPT:HISTOR) Yes	<input type="checkbox"/> (SCPT:HISTOR) No	If no, reason: <input type="text" value="SCPT:HISTOR"/>
MMSE	<input type="checkbox"/> (SCPT:MMSE) Yes	<input type="checkbox"/> (SCPT:MMSE) No	If no, reason: <input type="text" value="SCPT:MMSER"/>
POMS	<input type="checkbox"/> (SCPT:POMS) Yes	<input type="checkbox"/> (SCPT:POMS) No	If no, reason: <input type="text" value="SCPT:POMSR"/>

Initial:

SF-36	<input type="checkbox"/> (SCPT:SF36I) Yes	<input type="checkbox"/> (SCPT:SF36I) No	If no, reason: <input type="text" value="SCPT:SF36IR"/>
WAIS-III	<input type="checkbox"/> (SCPT:WAIS3I) Yes	<input type="checkbox"/> (SCPT:WAIS3I) No	If no, reason: <input type="text" value="SCPT:WAIS3IR"/>
Woodcock-Johnson	<input type="checkbox"/> (SCPT:WJR3I) Yes	<input type="checkbox"/> (SCPT:WJR3I) No	If no, reason: <input type="text" value="SCPT:WJR3IR"/>
D-KEFS	<input type="checkbox"/> (SCPT:DCFASI) Yes	<input type="checkbox"/> (SCPT:DCFASI) No	If no, reason: <input type="text" value="SCPT:DCFASIR"/>
WCST	<input type="checkbox"/> (SCPT:WCSTI) Yes	<input type="checkbox"/> (SCPT:WCSTI) No	If no, reason: <input type="text" value="SCPT:WCSTIR"/>
TEA	<input type="checkbox"/> (SCPT:TEAI) Yes	<input type="checkbox"/> (SCPT:TEAI) No	If no, reason: <input type="text" value="SCPT:TEAIR"/>
CVLT-II	<input type="checkbox"/> (SCPT:CVLT3I) Yes	<input type="checkbox"/> (SCPT:CVLT3I) No	If no, reason: <input type="text" value="SCPT:CVLT3IR"/>
WMS-III	<input type="checkbox"/> (SCPT:WMS3I) Yes	<input type="checkbox"/> (SCPT:WMS3I) No	If no, reason: <input type="text" value="SCPT:WMS3IR"/>
MRI	<input type="checkbox"/> (SCPT:MRII) Yes	<input type="checkbox"/> (SCPT:MRII) No	If no, reason: <input type="text" value="SCPT:MRIR"/>

End of Study:

SF-36	<input type="checkbox"/> (SCPT:SF36E) Yes	<input type="checkbox"/> (SCPT:SF36E) No	If no, reason: <input type="text" value="SCPT:SF36ER"/>
WAIS-III	<input type="checkbox"/> (SCPT:WAIS3E) Yes	<input type="checkbox"/> (SCPT:WAIS3E) No	If no, reason: <input type="text" value="SCPT:WAIS3ER"/>
Woodcock-Johnson	<input type="checkbox"/> (SCPT:WJR3E) Yes	<input type="checkbox"/> (SCPT:WJR3E) No	If no, reason: <input type="text" value="SCPT:WJR3ER"/>
D-KEFS	<input type="checkbox"/> (SCPT:DCFASE) Yes	<input type="checkbox"/> (SCPT:DCFASE) No	If no, reason: <input type="text" value="SCPT:DCFASER"/>
WCST	<input type="checkbox"/> (SCPT:WCSTE) Yes	<input type="checkbox"/> (SCPT:WCSTE) No	If no, reason: <input type="text" value="SCPT:WCSTER"/>
TEA	<input type="checkbox"/> (SCPT:TEAE) Yes	<input type="checkbox"/> (SCPT:TEAE) No	If no, reason: <input type="text" value="SCPT:TEAER"/>
CVLT-II	<input type="checkbox"/> (SCPT:CVLT3E) Yes	<input type="checkbox"/> (SCPT:CVLT3E) No	If no, reason: <input type="text" value="SCPT:CVLT3ER"/>
WMS-III	<input type="checkbox"/> (SCPT:WMS3E) Yes	<input type="checkbox"/> (SCPT:WMS3E) No	If no, reason: <input type="text" value="SCPT:WMS3ER"/>
MRI	<input type="checkbox"/> (SCPT:MRIE) Yes	<input type="checkbox"/> (SCPT:MRIE) No	If no, reason: <input type="text" value="SCPT:MRIER"/>
MRI Debriefing	<input type="checkbox"/> (SCPT:MRIDEB) Yes	<input type="checkbox"/> (SCPT:MRIDEB) No	If no, reason: <input type="text" value="SCPT:MRIDEBR"/>
NP Battery Debriefing	<input type="checkbox"/> (SCPT:NPDEB) Yes	<input type="checkbox"/> (SCPT:NPDEB) No	If no, reason: <input type="text" value="SCPT:NPDEBR"/>

(SCPT:SUBDISP) Subject completed all components of the study.

(SCPT:SUBDISP) Subject did not complete the study. (If checked, enter the date of last contact and select the **primary** reason for **early withdrawal** from below.)

Date of last contact: / /
DD MMM YYYY

(SCPT:WITHDRW) Subject did not meet all inclusion and/or exclusion criteria upon further work-up

(SCPT:WITHDRW) Adverse experience or significant intercurrent illness **Specify:**

If AE, did subject die?

(SCPT:DEATHYN) (SCPT:DEATHYN)No
Yes

Date of death: / /
DD MMM YYYY

Is the AE related to study intervention?

(SCPT:RELATED) (SCPT:RELATED)No
Yes

(SCPT:WITHDRW) In the doctor's opinion the subject's health, safety and/or well-being is threatened by continued participation in the study

(SCPT:WITHDRW) Subject was non-adherent, or protocol violation (including more than 2 months without transfusion)

Specify:

(SCPT:WITHDRW) Subject lost to follow-up

(SCPT:WITHDRW) Pregnancy

(SCPT:WITHDRW) Subject requested to withdraw **Specify:**

(SCPT:WITHDRW) Administrative reasons

(SCPT:WITHDRW) Other **Specify:**

Comments for page:

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Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease

WAIS-III

Pilot Transfusion Trial

{visit.label}

Subject ID:
Site:

Date of Assessment: / /
DD MMM YYYY

Enter <, >, <=, >=, and % as necessary.

SUBTESTS	Raw Score	Age-Adjusted Scaled Scores						Reference Group
		VERBAL	PERF.	VC	PO	WM	PS	Scaled Scores
Picture Completion	<input type="text" value="WAIS:RAWA"/>		<input type="text" value="WAIS:PERFA"/>		<input type="text" value="WAIS:POA"/>			<input type="text" value="WAIS:SCALEA1"/>
Vocabulary	<input type="text" value="WAIS:RAWB"/>	<input type="text" value="WAIS:VERBB"/>		<input type="text" value="WAIS:VCB"/>				<input type="text" value="WAIS:SCALEB1"/>
Digit Symbol-Coding	<input type="text" value="WAIS:RAWC"/>		<input type="text" value="WAIS:PERFC"/>				<input type="text" value="WAIS:PSC"/>	<input type="text" value="WAIS:SCALEC1"/>
Similarities	<input type="text" value="WAIS:RAWD"/>	<input type="text" value="WAIS:VERBD"/>		<input type="text" value="WAIS:VCD"/>				<input type="text" value="WAIS:SCALED1"/>
Block Design	<input type="text" value="WAIS:RAWE"/>		<input type="text" value="WAIS:PERFE"/>		<input type="text" value="WAIS:POE"/>			<input type="text" value="WAIS:SCALEE1"/>
Arithmetic	<input type="text" value="WAIS:RAWF"/>	<input type="text" value="WAIS:VERBF"/>				<input type="text" value="WAIS:WMF"/>		<input type="text" value="WAIS:SCALEF1"/>
Matrix-Reasoning	<input type="text" value="WAIS:RAWG"/>		<input type="text" value="WAIS:PERFG"/>		<input type="text" value="WAIS:POG"/>			<input type="text" value="WAIS:SCALEG1"/>
Digit Span	<input type="text" value="WAIS:RAWH"/>	<input type="text" value="WAIS:VERBH"/>				<input type="text" value="WAIS:WMH"/>		<input type="text" value="WAIS:SCALEH1"/>
Information	<input type="text" value="WAIS:RAWI"/>	<input type="text" value="WAIS:VERBI"/>		<input type="text" value="WAIS:VCI"/>				<input type="text" value="WAIS:SCALEI1"/>
Picture Arrangement	<input type="text" value="WAIS:RAWJ"/>		<input type="text" value="WAIS:PERFJ"/>					<input type="text" value="WAIS:SCALEJ1"/>
Comprehension	<input type="text" value="WAIS:RAWK"/>	<input type="text" value="WAIS:VERBK"/>						<input type="text" value="WAIS:SCALEK1"/>
Symbol Search	<input type="text" value="WAIS:RAWL"/>		(<input type="text" value="WAIS:PERFL"/>)				<input type="text" value="WAIS:PSL"/>	<input type="text" value="WAIS:SCALEL1"/>
Letter-Number Sequencing	<input type="text" value="WAIS:RAWM"/>	(<input type="text" value="WAIS:VERBM"/>)				<input type="text" value="WAIS:WMM"/>		<input type="text" value="WAIS:SCALEM1"/>
Object Assembly	<input type="text" value="WAIS:RAWN"/>		(<input type="text" value="WAIS:PERFN"/>)					<input type="text" value="WAIS:SCALEN1"/>
Sums of Scaled Scores		<input type="text" value="WAIS:VERBS"/>	<input type="text" value="WAIS:PERFS"/>	<input type="text" value="WAIS:VCS"/>	<input type="text" value="WAIS:POS"/>	<input type="text" value="WAIS:WMS"/>	<input type="text" value="WAIS:PSS"/>	
		VERBAL	PERF.	VC	PO	WM	PS	
		<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	
Full Scale Score (Verbal + Performance)	<input type="text" value="x"/>		<input type="text" value="WAIS:FULLSS"/>					
IQ/INDEX SCORES	VIQ	PIQ	FSIQ	VCI	POI	WMI	PSI	
Sums of Scaled Scores	<input type="text" value="WAIS:VIQSUM"/>	<input type="text" value="WAIS:PIQSUM"/>	<input type="text" value="WAIS:FSIQSUM"/>	<input type="text" value="WAIS:VCISUM"/>	<input type="text" value="WAIS:POISUM"/>	<input type="text" value="WAIS:WMISUM"/>	<input type="text" value="WAIS:PSISUM"/>	
IQ/Index Score	<input type="text" value="WAIS:VIQIND"/>	<input type="text" value="WAIS:PIQIND"/>	<input type="text" value="WAIS:FSIQIND"/>	<input type="text" value="WAIS:VCIIND"/>	<input type="text" value="WAIS:POIIND"/>	<input type="text" value="WAIS:WMIIND"/>	<input type="text" value="WAIS:PSIIND"/>	
Percentiles	<input type="text" value="WAIS:VIQPCT"/>	<input type="text" value="WAIS:PIQPCT"/>	<input type="text" value="WAIS:FSIQPCT"/>	<input type="text" value="WAIS:VCIPCT"/>	<input type="text" value="WAIS:POIPCT"/>	<input type="text" value="WAIS:WMIPCT"/>	<input type="text" value="WAIS:PSIPCT"/>	
Confidence Intervals	<input type="text" value="WAIS:VIQCON"/>	<input type="text" value="WAIS:PIQCON"/>	<input type="text" value="WAIS:FSIQCON"/>	<input type="text" value="WAIS:VCICON"/>	<input type="text" value="WAIS:POICON"/>	<input type="text" value="WAIS:WMICON"/>	<input type="text" value="WAIS:PSICON"/>	
<input type="text" value="WAIS:CONFINT"/>								Enter all confidence intervals as a range X-Y
%								

Difference from Statistical Significance Strength Weakness Frequency of Difference in

SUBTESTS	Scaled Score	Mean Score	Mean	WAIS:LEVEL1 Level	(+)	(-)	Standardization Sample
Vocabulary	WAIS:SCALEA2	WAIS:MEANA	WAIS:MDIFFA	WAIS:STATA	<input type="checkbox"/> (WAIS:STRWEKA)	<input type="checkbox"/> (WAIS:STRWEKA)	WAIS:FRQDIFA
Similarities	WAIS:SCALEB2	WAIS:MEANB	WAIS:MDIFFB	WAIS:STATB	<input type="checkbox"/> (WAIS:STRWEKB)	<input type="checkbox"/> (WAIS:STRWEKB)	WAIS:FRQDIFB
Arithmetic	WAIS:SCALEC2	WAIS:MEANC	WAIS:MDIFFC	WAIS:STATC	<input type="checkbox"/> (WAIS:STRWEKC)	<input type="checkbox"/> (WAIS:STRWEKC)	WAIS:FRQDIFC
Digit Span	WAIS:SCALED2	WAIS:MEAND	WAIS:MDIFFD	WAIS:STATD	<input type="checkbox"/> (WAIS:STRWEKD)	<input type="checkbox"/> (WAIS:STRWEKD)	WAIS:FRQDIFD
Information	WAIS:SCALEE2	WAIS:MEANE	WAIS:MDIFFE	WAIS:STATE	<input type="checkbox"/> (WAIS:STRWEKE)	<input type="checkbox"/> (WAIS:STRWEKE)	WAIS:FRQDIFE
Comprehension	WAIS:SCALEF2	WAIS:MEANF	WAIS:MDIFFF	WAIS:STATF	<input type="checkbox"/> (WAIS:STRWEKF)	<input type="checkbox"/> (WAIS:STRWEKF)	WAIS:FRQDIFF
Letter-Number Sequencing	WAIS:SCALEG2	WAIS:MEANG	WAIS:MDIFFG	WAIS:STATG	<input type="checkbox"/> (WAIS:STRWEKG)	<input type="checkbox"/> (WAIS:STRWEKG)	WAIS:FRQDIFG
Picture Completion	WAIS:SCALEH2	WAIS:MEANH	WAIS:MDIFFH	WAIS:STATH	<input type="checkbox"/> (WAIS:STRWEKH)	<input type="checkbox"/> (WAIS:STRWEKH)	WAIS:FRQDIFH
Digit Symbol-Coding	WAIS:SCALEI2	WAIS:MEANI	WAIS:MDIFFI	WAIS:STATI	<input type="checkbox"/> (WAIS:STRWEKI)	<input type="checkbox"/> (WAIS:STRWEKI)	WAIS:FRQDIFI
Block Design	WAIS:SCALEJ2	WAIS:MEANJ	WAIS:MDIFFJ	WAIS:STATJ	<input type="checkbox"/> (WAIS:STRWEKJ)	<input type="checkbox"/> (WAIS:STRWEKJ)	WAIS:FRQDIFJ
Matrix Reasoning	WAIS:SCALEK2	WAIS:MEANK	WAIS:MDIFFK	WAIS:STATK	<input type="checkbox"/> (WAIS:STRWEKK)	<input type="checkbox"/> (WAIS:STRWEKK)	WAIS:FRQDIFK
Picture Arrangement	WAIS:SCALEL2	WAIS:MEANL	WAIS:MDIFFL	WAIS:STATL	<input type="checkbox"/> (WAIS:STRWEKL)	<input type="checkbox"/> (WAIS:STRWEKL)	WAIS:FRQDIFL
Symbol Search	WAIS:SCALEM2	WAIS:MEANM	WAIS:MDIFFM	WAIS:STATM	<input type="checkbox"/> (WAIS:STRWEKM)	<input type="checkbox"/> (WAIS:STRWEKM)	WAIS:FRQDIFM
Object Assembly	WAIS:SCALEN2	WAIS:MEANN	WAIS:MDIFFN	WAIS:STATN	<input type="checkbox"/> (WAIS:STRWEKN)	<input type="checkbox"/> (WAIS:STRWEKN)	WAIS:FRQDIFN

Comments for page: WAIS:COMMENT

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Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adult Patients With Sickle Cell Disease	Transfusion Reaction Pilot Transfusion Trial	 Subject ID: Site:
---	---	--

Complete this form for each transfusion reaction. DO NOT complete an Adverse Experience form.

Date of transfusion: / /
DD MMM YYYY

Type of reaction:

(Check all that apply)

- (TRXN:HEMOIMM) Hemolytic immediate
- (TRXN:HEMODEL) Delayed hemolytic
- (TRXN:NONHEMO) Febrile, nonhemolytic (fever, chills)
- (TRXN:ANAPHYL) Severe anaphylaxis
(dyspnea, chest constriction, cyanosis)
- (TRXN:ALLERGY) Other allergic reactions (redness of skin, itching, urticaria)
- (TRXN:FLUIDO) Fluid overload
- (TRXN:HYPERT) Hypertension (increase of ≥30 mm Hg over baseline BP)
- (TRXN:OTHRXN) Other, specify:

For all hemolytic reactions, be sure that Direct and Indirect Coombs' results, specific antibody screening results, and all new antibodies identified are included on the Transfusion case report form.

Date of onset: / /
DD MMM YYYY

Time of onset: :
(24 hour clock format)
HH MM

Describe the transfusion reaction:

What was the level of severity?

- (TRXN:SEVERE) Mild
- (TRXN:SEVERE) Moderate
- (TRXN:SEVERE) Severe
- (TRXN:SEVERE) Life threatening
- (TRXN:SEVERE) Death (Complete the Death CRF pg.28)

(Complete an SAE form if the transfusion reaction resulted in: inpatient hospitalization or prolongation of existing hospitalization, a persistent or significant disability/incapacity, a congenital anomaly/birth defect, a life-threatening adverse experience, or death. Refer to protocol section 11 for guidelines regarding reporting of AEs and SAEs).

What action was taken?
(Check all actions taken)

- (TRXN:NOACT) No action
- (TRXN:TRANINT) Transfusion interrupted temporarily
- (TRXN:TRANDIS) Transfusion discontinued
- (TRXN:MEDINT) Medical intervention
- (TRXN:HOSPIT) Hospitalization (Complete an SAE form)

Comments for page:

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