

Subject ID



**Patient Reported Outcome Form**  
**12 Weeks**

**Final Version 1.0, 2/3/2020**



4. How much do you agree with the following statements?

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a.	The app helped me remember to take hydroxyurea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	The app helped me learn about sickle cell disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	The app helped me connect with other people with sickle cell disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	The app helped me connect to doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	The app helped me better track my treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	I plan to continue to use the app after the study ends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Ease of use: How easy is it to learn how to use the app; how clear are the menu labels/icons and instructions?

- No/limited instructions; menu labels/icons are confusing; complicated
- Usable after a lot of time and effort
- Usable after a lot of time and effort
- Easy to learn how to use the app
- Able to use app immediately; intuitive; simple

6. What other comments would you have about the app?

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7. Do you have any suggestions to improve the app?

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8. Did you have any problems when using the app?

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9. Anything else you would like to say?

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***This is the END of the survey. Please return it to the study coordinator.***  
***Thank you for your participation.***