



COOPERATIVE STUDY OF SICKLE CELL DISEASE
ADULT STATUS REPORT FORM - EXIT

STAT-E
Version E 10/01/91
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1. Person completing form (Name) _____ Initials |_|_|_|_|
2. CSSCD Code Number of person completing form (if known): _____ |_|_|_|_|
3. Date form completed (Month, Day, Year) _____/_____/_____

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THE PATIENT'S CURRENT STATUS:

4. Is the patient alive? 1. NO ↓ 2. YES → GO TO Q.2 9. DK ↓
a. Date of death (Month, Day, Year) _____/_____/_____
* COMPLETE DEATH FORM. GO TO QUESTION 4 *
b. Year last known to be alive: 19 |_|_|_|

2. Has patient moved? 1. NO ↓ 2. YES 9. DK
a. Do you have 1. Patient's current address? 1. NO 2. YES ↓
2.1 Current State of Residence: _____ |_|_|_|_|
Office Use Only
2. Patient's current telephone number? 1. NO 2. YES 3. N/A (No Phone)
b. Will patient continue to be followed at a CSSCD clinic/hospital? 1. NO 2. YES 9. DK ↓
1. Clinic Name: _____
2. Clinic Code: |_|_|_|

3. Is the patient refusing to participate? 1. NO 2. YES 9. DK
4. When was the last time the patient was seen in your clinic/hospital for any reason? (Month, Day, Year) _____/_____/_____
5. Was patient seen for an exit physical exam? 1. NO ↓ 2. YES → GO TO Q.6

- 5.1 Reason patient not seen for exit exam? (CHECK ONLY ONE RESPONSE):
1. Patient moved outside of area
2. Patient is refusing because he/she is being followed at another health care facility within the area.
3. Patient is refusing for other reason. → 5.2 Specify reason: _____
4. Patient is in nursing home or other chronic care facility.
5. Patient agreed to be seen, but missed scheduled appointment(s) because of illness.
6. Patient agreed to be seen, but missed scheduled appointment (s) for some other reason.
7. Patient did not move and is not lost-to-follow-up but could not be contacted.
8. Patient lost (address and telephone number unknown).
9. Patient died → COMPLETE DEATH FORM
10. Other reason → 5.3 Specify reason: _____

6. What is the status for each of the exit special studies listed below?

	A	B	C	D	E	F
	DONE	SCHEDULED	NOT DONE REFUSED	NOT DONE DISABILITY	NOT DONE OTHER	LIST REASON
6.1 Pulmonary Function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.2 MUGA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.3 Echocardiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.4 Exercise Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Name of Data Coordinator: _____

Signature: _____

Date (Month, Day, Year): _____/_____/_____
