

Event

Date of Event

_____ (mm-dd-yyyy)

Event Form

1. Has the participant been hospitalized because of respiratory symptoms (cough, wheeze, shortness of breath) NOT resulting in acute chest syndrome (ACS)?

Yes No

1a. If yes, how many admissions?

_____ (admissions)

If 1 or more times, you will be prompted to fill out a Hospital Summary Appendix for each date

2. Has the participant been hospitalized for a Pain Episode?

Yes
 No

2a. If yes, how many admissions?

_____ (admissions)

If 1 or more times, you will be prompted to fill out a Hospital Summary Appendix for each date

3. Has the participant been hospitalized for Acute Chest Syndrome ?

Yes
 No

3a. If yes, how many admissions?

_____ (admissions)

If 1 or more times, you will be prompted to fill out a Hospital Summary Appendix for each date

4. Has the participant started chronic blood transfusion therapy?

Yes
 No

4a. If yes please provide date transfusions began.

_____ (dd-mm-yyyy)

5. Has the participant had a surgical procedure?

No
 Yes
 Don't Know
 No answer

5a. Tonsillectomy

Yes
 No

If Yes, date performed:

_____ (mm-dd-yyyy)

5b. Adenoidectomy

- Yes
 No

If yes, date performed:

(mm-dd-yyyy)

5c. Other:

- Yes
 No

Specify:

Date(s) Performed:

(mm-dd-yyyy)

(mm-dd-yyyy)

6. Has the participant had a breathing tube placed since the last study visit?

- Yes
 No

6a. Date(s)

(mm-dd-yyyy)

(mm-dd-yyyy)

7. Has the participant started receiving oxygen therapy at night since the last study visit?

- Yes
 No

7a. # of liters

(liters/minute)

8. Has the participant started Hydroxyurea therapy?

- Yes
 No

8a. Start date:

(mm-dd-yyyy)

9. Has the participant stopped Hydroxyurea therapy?

- Yes
 No

9a. Stop date:

(mm-dd-yyyy)

10. What is the participant's current home address (street block, city and zip only)?
