Medhx Int

Date of Visit	
	(mm-dd-yyyy)
Interim History	
1. Since the last study visit, has the participant been hosp shortness of breath) not leading to ACS?	italized because of respiratory symptoms (cough, wheeze,
○ Yes ○ No	
1a. If yes, how many admissions?	
	(admissions)
If 1 or more times, you will be prompted to fill out a Hospit	tal Summary Appendix for each date
2. Since the last study visit, 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 Hospit	tal Summary Appendix for each date
3. Since the last study visit, 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 been started on chronic blood transfusion therapy since the last study visit?	
4a. If yes, please add date transfusion began.	YesNo(dd-mm-yyyy)
5. Has the participant had any surgical procedures since the last study visit?	○ No○ Yes○ Don't Know○ No answer
5a. Tonsillectomy	○ Yes ○ No
If yes, date performed:	
	(mm-dd-yyyy)



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5b. Adenoidectomy	○ Yes ○ No	
If yes, date performed:		
	(mm-dd-yyyy)	
Other:		
If yes, 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.If yes, give date(s)		
	(mm-dd-yyyy)	
	(man dal man)	
	(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 been started on Hydroxyurea therapy since the last study visit?	○ Yes ○ No	
8a. Start date:		
	(mm-dd-yyyy)	
9. Has the participant stopped Hydroxyurea therapy since the last study visit?	○ Yes ○ No	
9a. Stop date:		
	(mm-dd-yyyy)	



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

