



Medical History

Part 3: Medications and Pain Histories

ID:
{visit.label}

Date of Assessment: / /
 Day Month Year

A. Medications History

Medication	Currently Using	Used in the Past	Cumulative Lifetime Use
1. Anticoagulation medication	<input type="checkbox"/> (MDX3:ACG)	<input type="checkbox"/> (MDX3:ACG)	
2. Anticonvulsants, specify: <input type="text" value="MDX3:ACVSP"/>	<input type="checkbox"/> (MDX3:ACV)	<input type="checkbox"/> (MDX3:ACV)	
3. Antidepressants, specify: <input type="text" value="MDX3:ADPSP"/>	<input type="checkbox"/> (MDX3:ADP)	<input type="checkbox"/> (MDX3:ADP)	
4. Erythropoietin/Darbepoietin	<input type="checkbox"/> (MDX3:ERY)	<input type="checkbox"/> (MDX3:ERY)	<input type="checkbox"/> (MDX3:ERYC) <1 year <input type="checkbox"/> (MDX3:ERYC) 1-5 years <input type="checkbox"/> (MDX3:ERYC) >5 years
5. Folic Acid	<input type="checkbox"/> (MDX3:FOL)	<input type="checkbox"/> (MDX3:FOL)	
6. Hydroxyurea (Hydroxycarbamide)	<input type="checkbox"/> (MDX3:HYD)	<input type="checkbox"/> (MDX3:HYD)	<input type="checkbox"/> (MDX3:HYDC) <1 year <input type="checkbox"/> (MDX3:HYDC) 1-5 years <input type="checkbox"/> (MDX3:HYDC) >5 years
7. Inhalers	<input type="checkbox"/> (MDX3:INHAL)	<input type="checkbox"/> (MDX3:INHAL)	
8. Other anti-sickling agents, specify: <input type="text" value="MDX3:OASASP"/>	<input type="checkbox"/> (MDX3:OASA)	<input type="checkbox"/> (MDX3:OASA)	
9. Iron chelation therapy (e.g., Desferal, Exjade, etc.) <input type="checkbox"/> (MDX3:IRONTYP) Desferal (Deferoxamine) <input type="checkbox"/> (MDX3:IRONTYP) Exjade (Deferasirox) <input type="checkbox"/> (MDX3:IRONTYP) Other, specify: <input type="text" value="MDX3:IRONSP"/>	<input type="checkbox"/> (MDX3:IRON)	<input type="checkbox"/> (MDX3:IRON)	<input type="checkbox"/> (MDX3:IRONC) <1 year <input type="checkbox"/> (MDX3:IRONC) 1-5 years <input type="checkbox"/> (MDX3:IRONC) >5 years
10. Oxygen at home	<input type="checkbox"/> (MDX3:OXY)	<input type="checkbox"/> (MDX3:OXY)	<input type="checkbox"/> (MDX3:OXYC) <1 year <input type="checkbox"/> (MDX3:OXYC) 1-5 years <input type="checkbox"/> (MDX3:OXYC) >5 years
11. Prophylactic penicillin or other antibiotics	<input type="checkbox"/> (MDX3:PEN)	<input type="checkbox"/> (MDX3:PEN)	
Medication	Currently Using	Used in the Past	Cumulative Lifetime Use
12. Pain Medications: Narcotics, <u>daily for 30+ days</u>			
a). Codeine	<input type="checkbox"/> (MDX3:COD)	<input type="checkbox"/> (MDX3:COD)	
b). Demerol (Pethidine)	<input type="checkbox"/> (MDX3:DEM)	<input type="checkbox"/> (MDX3:DEM)	

c). Dilaudid (Hydromorphone)	<input type="checkbox"/> (MDX3:DIL)	<input type="checkbox"/> (MDX3:DIL)	
d). Morphine	<input type="checkbox"/> (MDX3:MOR)	<input type="checkbox"/> (MDX3:MOR)	
e). Oxycodone	<input type="checkbox"/> (MDX3:OXCD)	<input type="checkbox"/> (MDX3:OXCD)	
f). Oxycontin (Oxycodone hydrochloride)	<input type="checkbox"/> (MDX3:OXCT)	<input type="checkbox"/> (MDX3:OXCT)	
g). Percocet (Oxycodone w/ Paracetamol)	<input type="checkbox"/> (MDX3:PERC)	<input type="checkbox"/> (MDX3:PERC)	
h). Tylenol 3 (Paracetamol w/ Codein No. 3)	<input type="checkbox"/> (MDX3:TYL3)	<input type="checkbox"/> (MDX3:TYL3)	
i). Vicodin (Hydrocodone w/ Paracetamol)	<input type="checkbox"/> (MDX3:VIC)	<input type="checkbox"/> (MDX3:VIC)	
j). Methadone	<input type="checkbox"/> (MDX3:METH)	<input type="checkbox"/> (MDX3:METH)	
Medication	Currently Using	Used in the Past	Cumulative Lifetime Use
13. Pain Medications: NSAIDs daily for 30+ days (e.g., Aleve [Naproxen], Ibuprofen, Motrin, etc.), specify: <input type="text" value="MDX3:NSAIDSP"/>	<input type="checkbox"/> (MDX3:NSAID)	<input type="checkbox"/> (MDX3:NSAID)	<input type="checkbox"/> (MDX3:NSAIDC) <1 year <input type="checkbox"/> (MDX3:NSAIDC) 1-5 years <input type="checkbox"/> (MDX3:NSAIDC) >5 years
14. Other Pain Medications daily for 30+ days (e.g., Gabapentin, Nortriptyline, Elavil, etc.), specify: <input type="text" value="MDX3:OPMSP"/>	<input type="checkbox"/> (MDX3:OPM)	<input type="checkbox"/> (MDX3:OPM)	
15. Pulmonary Hypertension Therapy			
a). Endothelin-receptor antagonist (e.g., Bosentan)	<input type="checkbox"/> (MDX3:ERA)	<input type="checkbox"/> (MDX3:ERA)	
b). PDE-5 inhibitor (e.g., Sildenafil)	<input type="checkbox"/> (MDX3:PDE)	<input type="checkbox"/> (MDX3:PDE)	
c). Prostacyclin	<input type="checkbox"/> (MDX3:PCY)	<input type="checkbox"/> (MDX3:PCY)	
16. Heart/BloodPressure Medications			
a). ACE inhibitors (e.g., Lisinopril, Ramipril, Enalapril, etc.)	<input type="checkbox"/> (MDX3:ACE)	<input type="checkbox"/> (MDX3:ACE)	
b). Beta blockers (e.g., Atenolol, Sotalol, etc.)	<input type="checkbox"/> (MDX3:BETA)	<input type="checkbox"/> (MDX3:BETA)	
c). Calcium channel blockers (e.g., Diltiazem, Cardizem, Verapamil, Amlodipine, etc.)	<input type="checkbox"/> (MDX3:CCB)	<input type="checkbox"/> (MDX3:CCB)	
d). Diuretics (e.g., Hydrochlorothiazide, Lasix [Furosemide], etc.)	<input type="checkbox"/> (MDX3:DIUR)	<input type="checkbox"/> (MDX3:DIUR)	
e). Vasodilators (e.g., Isordil, Isosorbide, prazosin, minipress, cardura)	<input type="checkbox"/> (MDX3:VASO)	<input type="checkbox"/> (MDX3:VASO)	
f). Other, specify <input type="text" value="MDX3:PHT_SP"/>	<input type="checkbox"/> (MDX3:PHT_OTH)	<input type="checkbox"/> (MDX3:PHT_OTH)	
Medication	Currently Using	Used in the Past	Cumulative Lifetime Use
17. Renal replacement therapy (e.g., dialysis or kidney transplant), specify: <input type="text" value="MDX3:RRT_SP"/>	<input type="checkbox"/> (MDX3:RRT)	<input type="checkbox"/> (MDX3:RRT)	
18. Other alternative therapies (herbal treatments, antioxidants, vitamin C, etc.), specify: <input type="text" value="MDX3:ALT_SP"/>	<input type="checkbox"/> (MDX3:ALT)	<input type="checkbox"/> (MDX3:ALT)	

19. Previous medication reactions: (MDX3:REAC1) None
 (Check all that apply) (MDX3:REAC2) Allergic (fever, urticaria, chills, etc.)
 (MDX3:REAC3) Alloimmunization (antibodies to transfused red cells)
 (MDX3:REAC4) Febrile (fever, chills)
 (MDX3:REAC5) Hemolytic
 (MDX3:REACOTH) Other, specify:

MDX3:MEDS

List medications that caused reactions:

B. Sickle Cell Pain History

Acute Pain

1. Location: (Check all that apply) (MDX3:AC_LOC1) Arms (MDX3:AC_LOC2) Chest (MDX3:AC_LOC3) Joints (MDX3:AC_LOC4) Neck
 (MDX3:AC_LOC5) Back (MDX3:AC_LOC6) Head (MDX3:AC_LOC7) Legs
 (MDX3:AC_LOCO) Other, specify:

MDX3:AC_LOCS

2. Typical pain rating on 1-10 scale: MDX3:AC_RATE

3. Quality/type of pain: MDX3:AC_QUAL

4. Treatment: (Check all that apply) (MDX3:AC_TR1) Medication (MDX3:AC_TR2) Non-Drug Therapy (MDX3:AC_TR3) Accupuncture
 (MDX3:AC_TR4) Physical Therapy (MDX3:AC_TR5) Alternative Therapy (MDX3:AC_TR6) Hypnosis
 (MDX3:AC_TRO) Other, specify:

MDX3:AC_TRS

	Mild	Moderate	Severe	Extremely Severe
5. Number of pain crises (events) in last week:	MDX3:PNC_WMI	MDX3:PNC_WMO	MDX3:PNC_WSE	MDX3:PNC_WEX
6. Number of pain crises (events) in last month:	MDX3:PNC_MMI	MDX3:PNC_MMO	MDX3:PNC_MSE	MDX3:PNC_MEX
7. Number of pain crises (events) in last year:	MDX3:PNC_YMI	MDX3:PNC_YMO	MDX3:PNC_YSE	MDX3:PNC_YEX

Mild = May or may not have required pain medicine, but did not prevent normal daily activity
Moderate = Required medications and caused significant changes in daily activities (i.e., missing work)
Severe = Went to ER but was not admitted
Extremely Severe = Admitted to the hospital

Chronic Pain

8. Does subject also have chronic pain (present all or most of the time)? (MDX3:CHRON) No (MDX3:CHRON) Yes

If Yes:

- a. Location: (Check all that apply) (MDX3:CH_LOC1) Arms (MDX3:CH_LOC2) Chest (MDX3:CH_LOC3) Joints (MDX3:CH_LOC4) Neck
 (MDX3:CH_LOC5) Back (MDX3:CH_LOC6) Head (MDX3:CH_LOC7) Legs
 (MDX3:CH_LOCO) Other, specify:

MDX3:CH_LOCS

b. Typical pain rating on 1-10 scale: MDX3:CH_RATE

c. Quality/type of pain: MDX3:CH_QUAL

- d. Treatment: (Check all that apply) (MDX3:CH_TR1) Medication (MDX3:CH_TR2) Non-Drug Therapy (MDX3:CH_TR3) Accupuncture
 (MDX3:CH_TR4) Physical Therapy (MDX3:CH_TR5) Alternative Therapy (MDX3:CH_TR6) Hypnosis
 (MDX3:CH_TRO) Other, specify:

MDX3:CH_TRS

C. Data Collection

Indicate how the information reported

on this form was collected:

(MDX3:COLL) All or most per subject (or parent) report only; not confirmed via medical record

(MDX3:COLL) All or most confirmed via medical record

(MDX3:COLL) Other, specify:

Comments for page:

MDX3:COMM

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