Logo	**Symptoms Documentation**	**{visit.label}**
Date of Assessment: SYMP:ASMTDA / SYMP:ASMTMO / SYMP:ASMTYR (Day / Month / Year)		**ID: {ID}**

1. Since the previous assessment, has the subject experienced any acute events related to sickle cell disease or pulmonary hypertension that led him/her to seek medical care? (SYMP:EVENT) No (SYMP:EVENT) Yes

If **Yes,** add an Acute Event Record for each event and provide details. In addition, complete an Adverse Event form for each acute event.

Treatment location	Acute event/reason for seeking care	
(SYMA:LOC) Physician's office/clinic (SYMA:LOC) Emergency room/day hospital/ urgent care center (SYMA:LOC) Hospital Treatment/admission date: SYMA:TREATDA / SYMA:TREATMO / SYMA:TREATYR (Day / Month / Year)	(SYMA:EVT1) Acute chest syndrome (SYMA:EVT1) (SYMA:EVT2) Chest pain (SYMA:EVT2) (SYMA:EVT3) Dizziness (SYMA:EVT3) (SYMA:EVT4) Edema (SYMA:EVT4) (SYMA:EVT5) Irregular breathing (SYMA:EVT5) (SYMA:EVT6) Pain crisis/vaso-occlusive crisis (SYMA:EVT6) (SYMA:EVT7) Priapism (SYMA:EVT7) (SYMA:EVT8) Shortness of breath (SYMA:EVT8) (SYMA:EVT9) Stroke (SYMA:EVT9) (SYMA:EVT10) Surgical procedure, (SYMA:EVT10) (SYMA:EVT10) specify: SYMA:EVT10SP (SYMA:EVT11) Syncope (SYMA:EVT11) (SYMA:EVTOT) Other, (SYMA:EVTOT) specify: SYMA:EVTOTSP	Remove

Add Acute Event Record

2. Since the previous visit, has the subject had any sickle cell-related pain events that were treated at home? (SYMP:PAIN) No (SYMP:PAIN) Yes

If **Yes:**

Number: SYMP:NUMSCP

Did any of the pain events that were treated at home represent an exacerbation (increased frequency or intensity) of the subject's baseline condition)? (SYMP:PAINEX) No (SYMP:PAINEX) Yes

If **Yes,** complete an Adverse Event form.

3. Since the previous visit, has the subject had any changes in vision? (SYMP:VISION) No (SYMP:VISION) Yes

If **Yes,** describe: SYMP:VISDES

Were the vision changes an Adverse Event? (SYMP:VISAE) No (SYMP:VISAE) Yes

If **Yes,** complete an Adverse Events form.

4. Since the previous visit, has the subject had any headaches? (SYMP:HEAD) No (SYMP:HEAD) Yes

If **Yes:**

Number: SYMP:HEADNUM

Did any of the headaches represent an exacerbation (increased frequency or intensity) of the subject's baseline condition)? (SYMP:HEADEX) No (SYMP:HEADEX) Yes

If **Yes,** complete an Adverse Events form.

5. Since the previous visit, has the subject had any priapism events that were treated at home? (SYMP:PRIA) No (SYMP:PRIA) Yes

If **Yes:**

Number: SYMP:PRIANUM

Did any of the priapism events represent an exacerbation (increased frequency or intensity) of the subject's baseline condition)? (SYMP:PRIAEX) No (SYMP:PRIAEX) Yes

If **Yes,** complete an Adverse Events form.

6. Has the subject received a transfusion since the previous visit? (SYMP:TRANNA) No (SYMP:TRANNA) Yes

If **Yes,** add a Transfusion Record for each transfusion:

Date of transfusion:	TRAN:TRANDA / TRAN:TRANMO / TRAN:TRANYR (Day / Month / Year)	
Reason for transfusion:	(Check all that apply): (TRAN:REAS1) Anemia associated with chronic renal failure (TRAN:REAS1) (TRAN:REAS2) Acute Chest Syndrome (ACS) (TRAN:REAS2) (TRAN:REAS3) Chronic debilitating pain (TRAN:REAS3) (TRAN:REAS4) Exacerbation of anemia due to an aplastic crisis (TRAN:REAS4) (TRAN:REAS5) Exacerbation of anemia due to splenic sequestration (TRAN:REAS5) (TRAN:REAS6) Fat embolism syndrome (TRAN:REAS6) (TRAN:REAS7) Hyperhemolysis associated with infection (TRAN:REAS7) (TRAN:REAS8) Leg ulcers (TRAN:REAS8) (TRAN:REAS9) Priapism (TRAN:REAS9) (TRAN:REAS10) Pregnancy (TRAN:REAS10) (TRAN:REAS11) Pulmonary hypertension (TRAN:REAS11) (TRAN:REAS_OT) Other, (TRAN:REAS_OT) Specify: TRAN:REAS_SP	Remove Record
Type of transfusion:	(TRAN:TYPE) Exchange (TRAN:TYPE) Simple (TRAN:TYPE) Other	
Number of units transfused:	TRAN:UNITS	

Add Transfusion Record

7. Has the subject changed his/her use of analgesics (medication, dosage, or route)? (SYMP:ANLG) No (SYMP:ANLG) Yes (If **Yes,** complete the Concomitant Medications form.)

If **Yes,** was the change related to an adverse event? (SYMP:ANLGAE) No (SYMP:ANLGAE) Yes (If **Yes,** complete an Adverse Event form.)

Comments for page:

SYMP:COMM

Submit Query Cancel Form Completion Help Print Rho