

Medical History SCD Complications

Research Subject ID Research ID _____

SCD Complications

Fever Yes No

If there is fever, please provide additional information.

- URI
- Diarrhoea
- Cough
- Vomiting
- Other

If none of the above options are appropriate, please add any other comments regarding fever. _____

SCD pain Yes No

If there is SCD-related pain, please provide additional information.

- Abdomen
- Chest
- Back
- Extremities
- Other

If none of the above options are appropriate, please add any other comments regarding SCD-related pain. _____

Dactylitis Yes No

If dactylitis is present, please provide additional information.

- Hand
- Foot
- Both

Enuresis Yes No

If there is enuresis, please provide additional information.

- Nightly
- Frequent
- Rare

Priapism Yes No

If priapism is present, please provide additional information. _____

Acute chest syndrome Yes No

In the event of Acute chest syndrome, please provide additional information. _____

Splenic sequestration Yes No

In the event of splenic sequestration, please provide additional information.

Red cell aplasia

Yes No

If red cell aplasia is present, please provide additional information.

Jaundice

Yes No

If jaundice is present, please provide additional information.

Stroke symptoms

Yes No

Stroke symptoms (For a more complete description of symptoms, the Stroke History form can be completed as well: [form-link:medical_history_stroke:Stroke History])

Severe headache

Yes No

If there is severe headache, please provide additional information.

Snoring

Yes No

If there is snoring present, please provide additional information.

Episodic transfusion

Yes No

If there is episodic transfusion, please provide additional information.

Chronic transfusion

Yes No

In the event of chronic transfusion, please provide additional information.

Special studies

Yes No

If any special studies were undertaken, please provide additional information.
