



SICKLE CELL DISEASE QUESTIONNAIRE

Client _____ Age/DOB _____

When was Sickle Cell Disease first diagnosed? _____

Check type:

- Sickle Cell Trait (HbAS or HbSA)
- Sickle Cell Anemia (HbSS)
- Sickle C (HbSC)
- Sickle HbCC
- Sickle HbAC
- Sickle Cell Beta 0 Thalassemia
- Sickle Cell Beta + Thalassemia

Check severity:

- Mild (works fulltime, no analgesic use, no crises or infection in last 12 months, Hematocrit >28)
- Moderate (occasional disability, periodic analgesic use, no hospitalization in last 12 months, no pneumonia, pleurisy or pyelonephritis in last 12 months)
- Severe (history of central nervous system disease, renal failure, chronic hepatitis or osteomyelitis, or pulmonary disease in the last 12 months, or Hematocrit below 20, or currently pregnant)

Please describe any chronic/ongoing symptoms: _____

How many episodes of crisis do you have on average per year? _____

Date of last crisis: _____

Date of most recent CBC (complete blood count): _____

Results: White blood cells: _____ Red blood cells: _____
Hemoglobin: _____ Hematocrit: _____ Platelets: _____

List all medications & dosages (prescription & over-the-counter): _____

Check all of the following that apply to your history:

- Hematology work-up currently in progress or planned
- Serious infection or hospitalization for sickle cell in the past year
- Disability
- Blood clot(s)
- Blood transfusion(s)
- Stroke or TIA
- Eye problems (Retinopathy, Vitreous hemorrhages, retinal detachment)
- Gallbladder or spleen problems
- Heart problems
- Kidney problems
- Liver problems
- Lung problems
- Osteomyelitis (bacterial bone infection)
- Leg ulcers
- Pregnancy complications
- Bone marrow or stem cell transplant

Please provide dates and complete details for any above checked boxes:

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Dates & details of surgeries/procedures for sickle cell disease not previously listed: _____

Have you ever used tobacco? YES NO

If yes, type of tobacco used?

Cigarettes Electronic Cigarettes Cigars Chew Pipe

Date of last use: _____

Any other health problems or impairments? _____

*If possible, please include copies of the last two CBCs (complete blood counts).