

**MULTICENTER STUDY OF HYDROXYUREA
IN SICKLE CELL ANEMIA (MSH)**

PATIENT DIARY

1. Namecode: _____
2. Date of first day: _____
Day Month Year

CLINIC NO.				
I.D. NO.				
VISIT				1

3. MONDAY	A. PAIN SCALE: 0 1 2 3 4 5 6 7 8 9 PAIN01	10. MONDAY	A. PAIN SCALE: 0 1 2 3 4 5 6 7 8 9 PAIN08
B. PAIN MEDICINE? MEDS01 (1) YES (2) NO	C. MEDICAL VISIT? MDVIS01 (1) YES (2) NO	B. PAIN MEDICINE? MEDS08 (1) YES (2) NO	C. MEDICAL VISIT? MDVIS08 (1) YES (2) NO
4. TUESDAY	A. PAIN SCALE: 0 1 2 3 4 5 6 7 8 9 PAIN02	11. TUESDAY	A. PAIN SCALE: 0 1 2 3 4 5 6 7 8 9 PAIN09
B. PAIN MEDICINE? MEDS02 (1) YES (2) NO	C. MEDICAL VISIT? MDVIS02 (1) YES (2) NO	B. PAIN MEDICINE? MEDS09 (1) YES (2) NO	C. MEDICAL VISIT? MDVIS09 (1) YES (2) NO
5. WEDNESDAY	A. PAIN SCALE: 0 1 2 3 4 5 6 7 8 9 PAIN03	12. WEDNESDAY	A. PAIN SCALE: 0 1 2 3 4 5 6 7 8 9 PAIN10
B. PAIN MEDICINE? MEDS03 (1) YES (2) NO	C. MEDICAL VISIT? MDVIS03 (1) YES (2) NO	B. PAIN MEDICINE? MEDS10 (1) YES (2) NO	C. MEDICAL VISIT? MDVIS10 (1) YES (2) NO
6. THURSDAY	A. PAIN SCALE: 0 1 2 3 4 5 6 7 8 9 PAIN04	13. THURSDAY	A. PAIN SCALE: 0 1 2 3 4 5 6 7 8 9 PAIN11
B. PAIN MEDICINE? MEDS04 (1) YES (2) NO	C. MEDICAL VISIT? MDVIS04 (1) YES (2) NO	B. PAIN MEDICINE? MEDS11 (1) YES (2) NO	C. MEDICAL VISIT? MDVIS11 (1) YES (2) NO
7. FRIDAY	A. PAIN SCALE: 0 1 2 3 4 5 6 7 8 9 PAIN05	14. FRIDAY	A. PAIN SCALE: 0 1 2 3 4 5 6 7 8 9 PAIN12
B. PAIN MEDICINE? MEDS05 (1) YES (2) NO	C. MEDICAL VISIT? MDVIS05 (1) YES (2) NO	B. PAIN MEDICINE? MEDS12 (1) YES (2) NO	C. MEDICAL VISIT? MDVIS12 (1) YES (2) NO
8. SATURDAY	A. PAIN SCALE: 0 1 2 3 4 5 6 7 8 9 PAIN06	15. SATURDAY	A. PAIN SCALE: 0 1 2 3 4 5 6 7 8 9 PAIN13
B. PAIN MEDICINE? MEDS06 (1) YES (2) NO	C. MEDICAL VISIT? MDVIS06 (1) YES (2) NO	B. PAIN MEDICINE? MEDS13 (1) YES (2) NO	C. MEDICAL VISIT? MDVIS13 (1) YES (2) NO
9. SUNDAY	A. PAIN SCALE: 0 1 2 3 4 5 6 7 8 9 PAIN07	16. SUNDAY	A. PAIN SCALE: 0 1 2 3 4 5 6 7 8 9 PAIN14
B. PAIN MEDICINE? MEDS07 (1) YES (2) NO	C. MEDICAL VISIT? MDVIS07 (1) YES (2) NO	B. PAIN MEDICINE? MEDS14 (1) YES (2) NO	C. MEDICAL VISIT? MDVIS14 (1) YES (2) NO

FOR CLINIC USE ONLY

17. Coordinator: _____

A. Signature: _____ B. Certification number: **CERT-NO** _____

I.D. No.				
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