		KEV RO	SH Form 39 ev 1 9/10/93 ege 1 of 2
MULTICENTER STUDY OF HYDROXYUREA SICKLE CELL ANEMIA (MSH) FOUR-WEEK TELEPHONE FOLLOW-UP	CLINIC NO.	CUR	CLIN
	PATIENT I.D.]- []ID
	VISIT	FV	- VISIT
PART I: IDENTIFYING INFORMATION	• · · · ·	<u>II</u> [
1. Patient Name Code:		NAMECO	DE
PART II: TELEPHONE FOLLOW-UP		······	<u> </u>
 Date patient was contacted or contact attempts ceased: 			VIS_DT
3. Type of follow-up: Routine Four-Week Telephone Foll Supplemental report of possible	Day	Month	Year
If (2), skip to Part III.			
in the current four-week period: 5. Was anyone contacted? If NO, skip to Item 5B. A. Who was contacted (answer each it 1. The patient 2. Family member 3. Other Specify:WHO	em)?	Yes	No (2)CON_PT (2)CON_FM
If patient was <u>not</u> contacted (Item 5/ B. Reason(s) patient was not contacted			Item 5B.
 B. Reason(s) <u>patient</u> was <u>not</u> contact. *1. Patient reported hospitalized medical contact 2. No approx at endermal 	d or othew		No
 No answer at primary or second. Wrong telephone number(s) give Patient's whereabouts uncertary Patient reported relocated Primary telephone disconnected Primary telephone is not in particular telephone Unknown	ndary telephone no ven on Form 10 ain ed patient's residence	umbers - (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(2) NOANS (2) WRTEL (2) LOCUNK (2) RELOC (2) RELOC (2) NOTRES (2) REAUNK
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***The hospitalization or medical contact should be confirmed <u>with the patient</u> and recorded in Item 7 <u>on this or a subsequent</u> Form 39.**

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PART III: POSSIBLE MEDICAL CONTACTS

6 Ac be te	cording to the <u>patient's</u> report een to a doctor or hospital sinc lephone follow-up?	e the previous VIS_39
	If NO OR UNK, skip to Item 8.	(1) (2) (3) Yes No Unk
7. Da	tes and locations of mult	
Α,	Day Month Year	B C
D.	VISDT2 Day Month Year	
G.	Day Month Year	H
J.	Day Month Year	K
М.	Day Month Year	N 0
PART IV:		
8. Form	A. Certification Number:	
	 B. Signature: Retain a copy of this form fooriginal to the MSH Coordinat: MSH Data Coordinating Cent Maryland Medical Research 600 Wyndhurst Avenue Baltimore, Maryland 2121 	h Institute
		PATIENT I.D.