MSH Patients' Follow-Up
Form 44 - Hydroxyurea Review

Instructions

THIS IS REVISION 4, TO BE USED DURING AV05 TO RECORD HYDROXYUREA USAGE FROM FEB-2001 THROUGH JAN-2002.

1. The record of hydroxyurea usage history is an *estimate* of the amount of time and average dose the patient has been taking. Only in the case of *absolute unreliability* of the patient's recall can the information for a month be answered "Don't know." Even if a dose cannot be estimated, please try to answer at least *whether* any hydroxyurea was taken during each month. If none was taken, answer "None" for each month.

2. The entire record of hydroxyurea usage (Form 44) starts with February 1995, the first month after MSH Close-Out. Use

   Rev 0 for the period Feb 1995-Jan 1997 (AV01),
   Rev 1 for the period Feb 1997-Jan 1999 (AV02),
   Rev 2 for the period Feb 1999-Jan 2000 (AV03),
   Rev 3 for the period Feb 2000-Jan 2001 (AV04),
   Rev 4 for the period Feb 2001-Jan 2002 (AV05).

3. WHENEVER A PATIENT COMPLETES **AV05**, PLEASE BE SURE THAT THE HYDROXYUREA USAGE RECORD IS COMPLETE FOR ALL MONTHS SINCE FEBRUARY 1995. REVIEW FORM 44 FOR AV01 (Rev 0), AV02 (Rev 1) and AV03 (Rev 2), and AV04 (Rev 3). PROVIDE INFORMATION FOR MONTHS THAT ARE STILL MISSING. MARK THESE ADDITIONAL MONTHS OF INFORMATION WITH AN ASTERISK ON THE SIDE TO INDICATE ADDITIONAL INFORMATION TO THE FORM (UNSOLICITED CORRECTIONS). MARK "ADDITIONAL INFORMATION" AT THE TOP OF THE CORRECTED PAGE(S), INITIAL AND DATE THEM, AND TRANSMIT TO THE MEDICAL COORDINATING CENTER. KEEP A COPY FOR YOUR RECORDS.

MSH PATIENTS' FOLLOW-UP Hydroxyurea Usage Summary	Clinic		
	Patient ID		-
	Namecode		
	Annual Visit	A V 0 5	
	Visit Date	- -	

1. Does patient have access to hydroxyurea therapy?	(1) Yes (2) No If *YES, Skip to Item 2.*
A. Reasons for inaccessibility to hydroxyurea therapy: (Answer each item)	Yes No A. Inadequate insurance coverage (1) (2) B. Other: (1) (2) 1. Specify: _____
2. Has patient been prescribed hydroxyurea since last annual visit?	(1) Yes (2) No

a. Month/Year	b. Type of Therapy	c. Average prescribed daily dose (mg)	d. Estimated overall compliance (percent)
3. FEB-2001 73	□ 1 - None (Skip c.&d.) □ 2 - Daily □ 3 - Other □ 4- Don't know (Skip c.&d.)	___ ___ ___ ___ mg	___ ___
4. MAR-2001 74	□ 1 - None (Skip c. & d.) □ 2 - Daily □ 3 - Other □ 4- Don't know (Skip c.&d.)	___ ___ ___ ___ mg	___ ___
5. APR-2001 75	□ 1 - None (Skip c. & d.) □ 2 - Daily □ 3 - Other □ 4- Don't know (Skip c.&d.)	___ ___ ___ ___ mg	___ ___
6. MAY-2001 76	□ 1 - None (Skip c. & d.) □ 2 - Daily □ 3 - Other □ 4- Don't know (Skip c.&d.)	___ ___ ___ ___ mg	___ ___
7. JUN-2001 77	□ 1 - None (Skip c. & d.) □ 2 - Daily □ 3 - Other □ 4- Don't know (Skip c.&d.)	___ ___ ___ ___ mg	___ ___
8. JUL-2001 78	□ 1 - None (Skip c. & d.) □ 2 - Daily □ 3 - Other □ 4- Don't know (Skip c.&d.)	___ ___ ___ ___ mg	___ ___

Patient ID		-	
Annual Visit	A V 0 5		

9. AUG-2001 79	□ 1 - None (Skip c. & d.) □ 2 - Daily □ 3 - Other □ 4- Don't know (Skip c.&d.)	___ ___ ___ ___ mg	___ ___
10. SEP-2001 80	□ 1 - None (Skip c. & d.) □ 2 - Daily □ 3 - Other □ 4- Don't know (Skip c.&d.)	___ ___ ___ ___ mg	___ ___
11. OCT-2001 81	□ 1 - None (Skip c. & d.) □ 2 - Daily □ 3 - Other □ 4- Don't know (Skip c.&d.)	___ ___ ___ ___ mg	___ ___
12. NOV-2001 82	□ 1 - None (Skip c. & d.) □ 2 - Daily □ 3 - Other □ 4- Don't know (Skip c.&d.)	___ ___ ___ ___ mg	___ ___
13. DEC-2001 83	□ 1 - None (Skip c. & d.) □ 2 - Daily □ 3 - Other □ 4- Don't know (Skip c.&d.)	___ ___ ___ ___ mg	___ ___
14. JAN-2002 84	□ 1 - None (Skip c. & d.) □ 2 - Daily □ 3 - Other □ 4- Don't know (Skip c.&d.)	___ ___ ___ ___ mg	___ ___

15. What was the main source of this information about hydroxyurea usage?

Patient recall (1)
MSH Clinical Center staff (2)
Other health care provider (3)

16. Checked for completeness and accuracy:

A. Signature:

B. Certification number: | | | - | | |

C. Date: | | - | | | | - | | | | |

Retain a copy of this form for your files. Send the original to the Medical Coordinating Center, Maryland Medical Research Institute, 600 Wyndhurst Avenue, Baltimore, Maryland 21210. By FAX transmission to 410/435-4232. Thank you.

Patient ID					-	
Annual Visit	A	V	0	5		