

Sickle Cell Disease – Medical History Checklist

Please respond to each question or statement by marking one box per row.

		Yes	No
SCDMHCQ1	Have you ever had open sores on your legs or feet (leg ulcers)?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
SCDMHCQ2	Has a doctor or nurse ever told you that you have lung damage?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
SCDMHCQ3	Has a doctor or nurse ever told you that you have kidney damage?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
SCDMHCQ4	Has a doctor or nurse ever told you that you have eye damage called retinopathy?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
SCDMHCQ5	Has a doctor or nurse ever told you that you have damage to your hip or shoulder due to sickle cell disease?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
SCDMHCQ6	Has a doctor or nurse ever told you that you have had a stroke?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
SCDMHCQ7	Has your spleen either been removed or seriously damaged due to sickle cell disease?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
SCDMHCQ8	Do you get regular blood transfusions for your sickle cell disease?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
SCDMHCQ9	Do you take pain medicine every day for your sickle cell disease?	<input type="checkbox"/> 1	<input type="checkbox"/> 0