📖 Data Dictionary Codebook

	#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: **Screening** (screening)				
	1	[record_id]	Research Subject ID Research ID	text
	2	[date_today]	Visit Date (dd/mm/yyyy)	text (date_dmy)
	3	[participant_number]	Participant Number *Site-specific ID eg. NG20184321 for Nigeria*	text
	4	[scd_number]	SCD Number	text
	5	[hospital_name]	Hospital Name	text
	6	[medical_record_number]	Medical Record Number (MRN)	text
	7	[first_name]	First Name	text, Identifier
	8	[middle_name]	Middle Name	text, Identifier
	9	[last_name]	Last Name	text, Identifier
	10	[date_of_birth]	Date of Birth (dd/mm/yyyy)	text (date_dmy)
	11	[age]	Age	calc Calculation: round(datediff([date_of_birth], [date_today],'y','dmy'),0) Custom alignment: RH
	12	[gender]	Gender	radio 1 Male 2 Female 3 Refused Custom alignment: RH
	13	[marital_status]	Marital Status	radio 1 Single 2 Married 3 Other 4 Cohabiting 5 Divorced 6 Widowed
	14	[religion]	Religion	dropdown 1 Christianity 2 Islam 3 African traditional beliefs 4 Others
	15	[tribe]	Tribe	text

16	[state_of_origin]	State of Origin	dropdown	
			1	Abia
			2	Adamawa
			3	Anambra
			4	Akwa Ibom
			5	Bauchi
			6	Bayelsa
			7	Benue
			8	Borno
			9	Cross River
			10	Delta
			11	Ebonyi
			12	Enugu
			13	Edo
			14	Ekiti
			15	Gombe
			16	Imo
			17	Jigawa
			18	Kaduna
			19	Kano
			20	Katsina
			21	Kebbi
			22	Kogi
			23	Kwara
			24	Lagos
			25	Nasarawa
			26	Niger
			27	Ogun
			28	Ondo
			29	Osun
			30	Oyo
			31	Plateau
			32	Rivers
			33	Sokoto
			34	Taraba
			35	Yobe
			36	Zamfara
			37	Federal Capital Territory (FCT)
17	[lga]	LGA	text	
18	[place_of_birth]	Place of Birth	text	
19	[year_of_diagnosis]	Section Header: *Diagnosis Details* Year of Diagnosis	text (integer, Min: 1900, Max: 2100)	
20	[scd_test_result_ss_sbthal]	SCD Test Result (SS/SBThal/SC/CC)	radio	
			1	SS
			2	SBThal
			3	SC
			4	CC
			Custom alignment: RH	

21	[abo_blood_group]	ABO Blood Group	dropdown
			1 A+
			2 A-
			3 B+
			4 B-
			5 O+
			6 O-
			7 AB+
			8 AB-
22	[using_hydroxyurea]	Section Header: *Management Details* Using Hydroxyurea	radio 1 Yes 2 No 3 Truly unknown 4 Not asked / Not collected Custom alignment: RH
23	[using_hydroxyurea_ever]	Using Hydroxyurea (Ever)	radio 1 Yes 2 No 3 Truly unknown 4 Not asked / Not collected Custom alignment: RH
24	[date_of_initiation_of_hydr]	Date of Initiation of Hydroxyurea Therapy	text (date_dmy)
25	[penicillin_v_prophylaxis]	Penicillin V (prophylaxis)	radio 1 Yes 2 No 3 Truly unknown 4 Not asked / Not collected Custom alignment: RH
26	[penicillin_v_prophylaxis_ever]	Penicillin V (prophylaxis) (Ever)	radio 1 Yes 2 No 3 Truly unknown 4 Not asked / Not collected Custom alignment: RH
27	[folic_acid]	Folic Acid	radio 1 Yes 2 No 3 Truly unknown 4 Not asked / Not collected Custom alignment: RH

28	[folic_acid_ever]	Folic Acid (Ever)	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
			Custom alignment: RH
29	[antimalaria_prophylaxis]	Anti Malaria Prophylaxis	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
			Custom alignment: RH
30	[antimalaria_prophylaxis_ever]	Anti Malaria Prophylaxis (Ever)	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
			Custom alignment: RH
31	[pneumococcal_vacc_uptodate]	Pneumococcal Vaccination up to date	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
			Custom alignment: RH
32	[residence]	Section Header: *Contact Details* Residence	text, Identifier
33	[street]	Street	text, Identifier
34	[lga_residence]	LGA of Residence	text
35	[state_of_residence]	State of Residence	text
36	[geo_zone]	Geopolitical Zone	text
37	[telephone1]	Telephone1	text, Identifier
38	[telephone2]	Telephone2	text, Identifier
39	[next_of_kin_name]	Next-of-kin Name	text, Identifier
40	[next_of_kin_relationship]	Relationship to the Patient	text
41	[next_of_kin_telephone_numb]	Next of Kin Telephone Number	text, Identifier
42	[consent_obtained]	Section Header: *Consent* Has the patient consented?	radio
			1 Yes
			2 No
			7 Refused
			9 Don't Know
43	[consent_type]	Type of informed consent	checkbox
			1 consent_type___1 Study enrollment
			2 consent_type___2 Specimen Storage Consent
			3 consent_type___3 Genetic Material Storage Consent
			4 consent_type___4 Broad consent

44	[consent_date]	Date subject signed consent	text (date_dmy)
45	[consent_file]	Upload the consent form	file
46	[added_by]	Added by	text Field Annotation: @USERNAME @READONLY-FORM @HIDDEN
47	[add_date]	Add Date	text (date_dmy) Field Annotation: @TODAY @READONLY-FORM @HIDDEN
48	[last_edited_by]	Last edited by	text Field Annotation: @USERNAME @HIDDEN
49	[last_edit_date]	Last edit Date	text (date_dmy) Field Annotation: @TODAY @READONLY-FORM @HIDDEN
50	[blood_transfusion]	Blood Transfusion	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Truly unknown</td></tr><tr><td>4</td><td>Not asked / Not collected</td></tr></table>
51	[number_episodes]	Number of Episodes	text
52	[number_of_units_transfused] Show the field ONLY if: [blood_transfusion] = '1'	Number of Units Transfused	text
53	[freq_transfusion]	Frequency of Transfusion in the last year	text
54	[date_of_last_transfusion] Show the field ONLY if: [blood_transfusion] = '1'	Date of Last Transfusion (dd/mm/yyyy)	text (date_dmy)
55	[frequency_of_pain_crisis_per_year]	Frequency of Pain Crisis per Year	text (number)
56	[other_pain_site]	Other Pain Site	text
57	[swelling]	Swelling	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>4</td><td>Not asked / Not collected</td></tr></table>
58	[learning_difficulty]	Learning Difficulty	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>4</td><td>Not asked / Not collected</td></tr></table>
59	[hospitalized_30_days]	Hospitalized 30 days prior to visit	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>4</td><td>Not asked / Not collected</td></tr></table>
60	[abnormal_gait]	Abnormal GAIT	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>4</td><td>Not asked / Not collected</td></tr></table>
61	[difficulty_in_walking]	Difficulty in walking	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>4</td><td>Not asked / Not collected</td></tr></table>

62	[anaemia]	Anaemia	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
63	[fever]	Fever	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
64	[malaria]	Malaria	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
65	[headache]	Headache	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
66	[dizziness]	Dizziness	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
67	[dizziness_ever]	Dizziness (Ever)	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
68	[seizures]	Seizures	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
69	[seizures_ever]	Seizures (Ever)	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
70	[dactylitis]	Dactylitis	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected

71	[dactylitis_ever]	Dactylitis (Ever)	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected
72	[bone_pain]	Bone Pain	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected
73	[bone_pain_ever]	Bone Pain (Ever)	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected
74	[hip_pain]	Hip Pain	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected
75	[hip_pain_ever]	Hip Pain (Ever)	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected
76	[chest_pain]	Chest Pain	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected
77	[chest_pain_ever]	Chest Pain (Ever)	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected
78	[acute_chest_syndrome]	Acute Chest Syndrome	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected
79	[acute_chest_syndrome_ever]	Acute Chest Syndrome (Ever)	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected

80	[leg_ulcer]	Leg Ulcer	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected
81	[leg_ulcer_ever]	Leg Ulcer (Ever)	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected
82	[osteonecrosis]	Osteonecrosis (Avascular Necrosis)	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected
83	[osteonecrosis_ever]	Osteonecrosis (Avascular Necrosis) (Ever)	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected
84	[difficulty_in_breathing]	Difficulty in breathing	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected
85	[difficulty_in_breathing_ever]	Difficulty in breathing (Ever)	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected
86	[exertional_dyspnaea]	Exertional Dyspnaea	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected
87	[exertional_dyspnaea_every]	Exertional Dyspnaea (Ever)	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected
88	[pulmonary_hypertension]	Pulmonary Hypertension	radio	
			1	Yes
			2	No
			3	Truly unknown
			4	Not asked / Not collected

89	[pulmonary_hypertension_ever]	Pulmonary Hypertension (Ever)	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
90	[stroke]	Stroke	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
91	[stroke_ever]	Stroke (Ever)	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
92	[priapism]	Priapism	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
93	[priapism_ever]	Priapism (Ever)	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
94	[renal_complications]	Renal Complications	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
95	[renal_complications_ever]	Renal Complications (Ever)	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
96	[jaundice]	Jaundice	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected
97	[jaundice_ever]	Jaundice (Ever)	radio
			1 Yes
			2 No
			3 Truly unknown
			4 Not asked / Not collected

98	[abnorm_appetite]	Abnormal Appetite	radio	
			1	Yes
			2	No
			4	Not asked / Not collected
99	[abnorm_stool_freq]	Abnormal Stool Frequency	radio	
			1	Yes
			2	No
			4	Not asked / Not collected
100	[screening_complete]	Section Header: *Form Status* Complete?	dropdown	
			0	Incomplete
			1	Unverified
			2	Complete

Instrument: Demographics (demographics)

101	[first_name1]	Section Header: *Patient Details* First Name	text	
102	[medical_record_id]	Electronic Medical Record ID/ Patient Medical Record ID	text	
103	[data_source]	Where was the data collected ?	text	
104	[data_source_country]	Country where the data was collected ?	text	
			SELECT record	value FROM redcap_data WHERE project_id = 76 AND field_name = 'country' ORDER BY value
105	[study_type]	Type of study the patient is enrolled in	dropdown	
			1	Meta-Analysis
			2	Systematic Review
			3	Randomized Controlled Trial
			4	Cohort Study
			5	Case-control Study
			6	Cross-sectional study
			7	Case Reports and Series
			Ideas	Editorials, Opinions
			8	Animal Research Studies
			9	Test-tube Lab Researc
			10	Treatment Research
			11	Prevention Research
			12	Diagnostic Research
			13	Screening Research
			14	Quality of Life Research
			15	Genetic studies
			16	Epidemiological studies
			17	Phase I Clinical trials
			18	Phase II Clinical trials
			19	Phase III Clinical trials
			20	Phase IV Clinical trials
106	[current_age_demo]	Current age in years Current age from birth	calc Calculation: datediff('today',[date_of_birth],"y","dmy")	
107	[registration_date]	Date on which the registration was done. (MM/DD/YYYY)	text (date_mdy)	
108	[interview_age]	Age in months at the time of the interview/test/sampling/imaging.	calc Calculation: datediff([date_of_birth], [registration_date],"M","dmy")	

109	[current_martial_status_opposite_sex]	What is your current marital or cohabiting status? *PX010902 | phenx_current_marital_status*	radio

			1	Married
			2	Not married but living together with a partner
			3	Widowed
			4	Divorced or annulled
			5	Separated
			6	Never been married

110	[birthplace_location]	Where were you born? *PX010201 | phenx_birthplace*	text

111	[current_educational_attainment]	Section Header: *Socio-Demographics* What is the highest grade or level of school you have completed or the highest degree you have received? [HAND CARD DMQ1. READ HAND CARD CATEGORIES IF NECESSARY. ENTER HIGHEST LEVEL OF SCHOOL.] *PX011001 | phenx_current_educational_attainment*	dropdown

			0	NEVER ATTENDED/KINDERGARTEN ONLY
			1	1ST GRADE
			2	2ND GRADE
			3	3RD GRADE
			4	4TH GRADE
			5	5TH GRADE
			6	6TH GRADE
			7	7TH GRADE
			8	8TH GRADE
			9	9TH GRADE
			10	10TH GRADE
			11	11TH GRADE
			12	12TH GRADE, NO DIPLOMA
			13	HIGH SCHOOL GRADUATE
			14	GED OR EQUIVALENT
			15	SOME COLLEGE, NO DEGREE
			16	ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL PROGRAM
			17	ASSOCIATE DEGREE: ACADEMIC PROGRAM
			18	BACHELOR'S DEGREE (EXAMPLE: BA, AB, BS, BBA)
			19	MASTER'S DEGREE (EXAMPLE: MA, MS, MEng, MEd, MBA)
			20	PROFESSIONAL SCHOOL DEGREE (EXAMPLE: MD, DDS, DVM, JD)
			21	DOCTORAL DEGREE (EXAMPLE: PhD, EdD)
			77	REFUSED
			99	DON'T KNOW

112	[income_currency]	Please select the income currency for your country.	dropdown

			NGN	Nigerian naira
			USD	US Dollar

113	[an_fam_income_coded]	What was your best estimate of the total income of all family members from all sources, before taxes, in last year? *PX011101 | phenx_annual_family_income*	text

114	[current_employment_status]	We would like to know about what you do --are you working now, looking for work, retired, keeping house, a student, or what? *PX011301 | phenx_current_employment_status*	dropdown
			1	WORKING NOW
			2	ONLY TEMPORARILY LAID OFF, SICK LEAVE OR MATERNITY LEAVE
			3	LOOKING FOR WORK, UNEMPLOYED
			4	RETIRED
			5	DISABLED, PERMANENTLY OR TEMPORARILY
			6	KEEPING HOUSE
			7	STUDENT
			8	OTHER (SPECIFY):

115	[cur_employ_stat_specify]	current employment status, Other - specify *PX011301 | phenx_current_employment_status*	text

116	[description_female_210201]	This question is about the woman who functions as a mother in the respondent's household; she could be the biological mother, stepmother, foster mother, or adoptive mother or, perhaps, a grandmother or aunt. If there is no such woman, the question is skipped. R=respondent *PX0210201*	descriptive

117	[answers_1_210201]	How far in school did she go? *PX0210201*	radio
			1	eighth grade or less
			2	more than eighth grade, but did not graduate from high school
			3	went to a business, trade, or vocational school instead of high school
			4	high school graduate
			5	completed a GED
			6	went to a business, trade, or vocational school after high school
			7	went to college, but did not graduate
			8	graduated from a college or university
			9	professional training beyond a four-year college or university
			10	she never went to school
			11	she went to school, but R doesn't know what level
			12	R doesn't know if she went to school
			13	refused
			14	legitimate skip
			15	don't know

118	[description_male_210201]	This question is about the man who functions as a father in the respondent's household. If there is no such man, the question is skipped. *PX0210201*	descriptive

119	[answers_2_210201]	How far in school did he go? *PX0210201*	radio

			1	eighth grade or less
			2	more than eighth grade, but did not graduate from high school
			3	went to a business, trade, or vocational school instead of high school
			4	high school graduate
			5	completed a GED
			6	went to a business, trade, or vocational school after high school
			7	went to college, but did not graduate
			8	graduated from a college or university
			9	professional training beyond a four-year college or university
			10	he never went to school
			11	he went to school, but R doesn't know what level
			12	R doesn't know if she went to school
			13	refused
			14	legitimate skip
			15	don't know

120	[health_insurance_coverage_type] Show the field ONLY if: [health_insurance_coverage_other] = '1'	What type of health insurance do you have? *PX011502*	text

121	[scd_martialstatus_primarycaregiver]	Marital status of primary caregiver *PX0840101*	radio

			UNDEFINED_CODE	Married
			UNDEFINED_CODE_1	Widowed
			UNDEFINED_CODE_2	Separated
			UNDEFINED_CODE_3	Divorced
			UNDEFINED_CODE_4	Never married
			UNDEFINED_CODE_5	Living with partner
			UNDEFINED_CODE_6	Refused to answer
			UNDEFINED_CODE_7	Unknown

122	[scd_martialstatus_primarycaregiver_relationshipto_patient]	Relationship of primary caregiver to patient *PX0840101*	radio

			1	Mother
			2	Father
			3	Niece or nephew
			4	Aunt or uncle
			5	Cousin
			6	Grandparent
			7	Great grandparent
			8	Foster parent
			9	Other; explain below

123	[scd_martialstatus_primarycaregiver_relationshipto_patientother]	Relationship of primary caregiver to patient *PX0840101*	text

			Other	Other

124	[demographics_complete]	Section Header: *Form Status* Complete?	dropdown 	0	Incomplete
1	Unverified
2	Complete	

Instrument: Anthropometrics (anthropometrics)

125	[standing_ht_units]	Standing Height Units *PX020703 | phenx_standing_height*	dropdown 	ft	Feet
in	Inches
m	Meters	 Custom alignment: RH
126	[standing_ht]	Standing Height *PX020703 | phenx_standing_height*	text (number, Min: 0)
127	[self_reported_ht_coded]	How tall {are you/is [participant]?} without shoes? ENTER HEIGHT IN FEET AND INCHES OR METERS AND CENTIMETERS *PX020704 | phenx_selfreported_height*	radio 	1	FEET AND INCHES
2	METERS AND CENTIMETERS
3	REFUSED
4	DON'T KNOW	
128	[self_reported_ht_proxy_name]	Proxy Name *If applicable | | PX020704 | phenx_selfreported_height*	text
129	[measured_wt_units]	Record Current Weight in Pounds or Kilograms. *PX021501 | phenx_measured_weight*	dropdown 	kg	Kilograms
lbs	Pounds	 Custom alignment: RH
130	[measured_wt]	Measured Weight *PX021501 | phenx_measured_weight*	text (number, Min: 0)
131	[self_reported_wt]	How much {do you/does the participant} weigh without clothes or shoes? [If {you are/she is} currently pregnant, how much did {you/she} weigh before your pregnancy?] *PX021502 | phenx_selfreported_weight*	text (number, Min: 0)
132	[sp02]	Peripheral oxygen saturation (SpO2)	text
133	[mid_upper_arm_circumferenc]	Mid-Upper Arm Circumference [MUAC] (Pediatrics)	text
134	[anthropometrics_complete]	Section Header: *Form Status* Complete?	dropdown 	0	Incomplete
1	Unverified
2	Complete	

Instrument: Patient Follow Up (patient_follow_up)

135	[visit_date]	Visit Date	text (date_dmy)
136	[last_visit]	When was your last visit to the hospital or Sickle Cell Clinic	text (date_dmy)
137	[how_many_crises_have_you_h]	How many crises have you had since your last visit?	text (number)
138	[when_was_your_last_crisis]	When was your last crisis?	text (date_dmy)
139	[weight]	Weight (kg)	text
140	[height_length]	Height/Length (cm)	text
141	[systol_blood_press]	Systolic blood pressure (mmHg)	text (integer)
142	[diastol_blood_press]	Diastolic blood pressure (mmHg)	text (integer)
143	[temp]	Temperature (Celcius)	text
144	[spo2]	Peripheral oxygen saturation (SpO2)	text
145	[muac]	Mid-Upper Arm Circumference [MUAC]	text

146	[hb_quantitation]	Hb Quantitation (if available)	yesno
			1 Yes
			0 No
147	[hbss]	HbSS %	text (number)
148	[hbsc]	HbSC %	text (number)
149	[hbf]	HbF %	text
150	[hba2]	HbA2 %	text
151	[hb_others]	Hb (others)	text
152	[hb_g_dl]	Hb (g/dl)	text (number)
153	[fbc_done]	FBC Done	yesno
			1 Yes
			0 No
154	[date_of_fbc_result]	Date of FBC Result	text (date_dmy)
155	[pcv]	PCV	text
156	[wbc]	WBC	text
157	[rbc]	RBC	text
158	[mch]	MCH	text
159	[reticulocyte_count]	Reticulocyte Count	text
160	[mcv]	MCV	text
161	[mchc]	MCHC	text
162	[red_blood_cell_distribution_width]	Red Blood Cell Distribution Width	text
163	[urea]	Urea	text
164	[creatinine]	Creatinine	text
165	[direct_bilirubin]	Direct Bilirubin	text
166	[total_bilirubin]	Total Bilirubin	text
167	[boold_transfusion]	Blood Transfusion	radio
			1 Yes
			2 No
			4 Not asked / Not collected
168	[units_transfused] Show the field ONLY if: [boold_transfusion] = '1'	Units of blood transfused	text
169	[date_transfusion] Show the field ONLY if: [boold_transfusion] = '1'	Date of transfusion	text (date_ymd)
170	[penicillin_prophylaxis]	Penicillin Prophylaxis	radio
			1 Yes
			2 No
			4 Not asked / Not collected
171	[folicacid_prophylaxis]	Folic Acid Prophylaxis	radio
			1 Yes
			2 No
			4 Not asked / Not collected
172	[antimal_prophylaxis]	Anti Malaria Prophylaxis	radio
			1 Yes
			2 No
			4 Not asked / Not collected

173	[hydroxyurea_use]	Using Hydroxyurea	radio
			1 Yes
			2 No
			4 Not asked / Not collected

| 174 | [other_medications_taken] | Other Medications taken | text |

175	[pain_intensity_score]	Pain Intensity Score	dropdown
			0 0
			1 1
			2 2
			3 3
			4 4
			5 5
			6 6
			7 7
			8 8
			9 9
			10 10

176	[dactylitisfollowup]	Section Header: *Have you had any of the following after your last visit?* Dactylitis	yesno
			1 Yes
			0 No

177	[bone_pain_followup]	Bone Pain	yesno
			1 Yes
			0 No

178	[hip_pain_followup]	Hip pain	yesno
			1 Yes
			0 No

179	[chest_pain_followup]	Chest Pain	yesno
			1 Yes
			0 No

180	[difficulty_in_walking_followup]	Difficulty in walking	yesno
			1 Yes
			0 No

181	[difficulty_in_breathing_f]	Difficulty in Breathing	yesno
			1 Yes
			0 No

182	[hospitalised_in_the_last_3]	Hospitalised in the last 30 days	yesno
			1 Yes
			0 No

183	[malaria_followup]	Malaria	yesno
			1 Yes
			0 No

184	[fever_followup]	Fever	yesno
			1 Yes
			0 No

185	[anaemia_followup]	Anaemia	yesno
			1 Yes
			0 No

186	[leg_ulcer_followup]	Leg ulcer	yesno
			1 Yes
			0 No
187	[acute_chest_syndrome_f]	Acute chest syndrome	yesno
			1 Yes
			0 No
188	[osteonecrosis_followup]	Osteonecrosis	yesno
			1 Yes
			0 No
189	[stroke_followup]	Stroke	yesno
			1 Yes
			0 No
190	[renal_complication_explain]	Renal complication explained by DR	yesno
			1 Yes
			0 No
191	[protein_in_your_urine]	Protein in your urine	yesno
			1 Yes
			0 No
192	[swollen_feet]	Swollen feet	yesno
			1 Yes
			0 No
193	[morning_facial_swelling]	Morning facial swelling	yesno
			1 Yes
			0 No
194	[dizziness_followup]	Dizziness	yesno
			1 Yes
			0 No
195	[headache_followup]	Headache	yesno
			1 Yes
			0 No
196	[swelling_followup]	Swelling	yesno
			1 Yes
			0 No
197	[where]	Where?	text
198	[priapism_followup]	Priapism	yesno
			1 Yes
			0 No
199	[jaundice_followup]	Jaundice	yesno
			1 Yes
			0 No
200	[exertional_dyspnea_exertio]	Exertional dyspnea Exertional dyspnea	yesno
			1 Yes
			0 No
201	[abnormal_gait_followup]	Abnormal GAIT	yesno
			1 Yes
			0 No
202	[other_pain_site_followup]	Other Pain Site	text

203	[abnormal_appetite_followup]	Abnormal Appetite	text

204	[stool_frequency_per_day]	Stool Frequency per day?	dropdown

dropdown options for 204:

1	1
2	2
3	3
4	4
5	5
6	6

205	[using_an_android_phone]	Are you using an Android Phone?	yesno

1	Yes
0	No

206	[are_you_on_social_media]	Are you on Social Media?	yesno

1	Yes
0	No

207	[which_social_media]	Which Social Media	checkbox

1	which_social_media___1	Facebook
2	which_social_media___2	Twitter
3	which_social_media___3	Instagram
4	which_social_media___4	WhatsApp
5	which_social_media___5	Snapchat
6	which_social_media___6	Youtube
7	which_social_media___7	TikTok
8	which_social_media___8	Telegram

208	[follow_up_date]	Follow Up Date	text (date_dmy)
209	[relocated_to_a_new_site]	Patient Relocated to a New Site	yesno

1	Yes
0	No

210	[please_specify_site_na]	Please specify the site name	text
211	[lost_to_follow_up]	Lost to Follow-Up	yesno

1	Yes
0	No

212	[date_of_last_to_follow_up]	Date of Last to Follow-Up	text (date_dmy)
213	[patient_is_late]	Patient is Late	yesno

1	Yes
0	No

214	[date_of_demise]	Date of Demise	text (date_dmy)
215	[patient_follow_up_complete]	Section Header: *Form Status* Complete?	dropdown

0	Incomplete
1	Unverified
2	Complete