**All elements on this form are Core (recommended for all genetic therapy studies in sickle cell disease).**

1. \*How long has patient reported erection?\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \*Percent erect: \_\_\_\_\_\_\_\_\_%
3. \*Intervention provided:

[ ]  Pain medications

[ ]  IVF

[ ]  Aspiration

[ ]  Penile injection

[ ]  Surgical

[ ]  Transfusion

1. \*How long did episode last until complete resolution or discharge home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \*Was the patient prescribed medications for prevention?

[ ]  Yes

[ ]  No

If yes,

[ ]  Hormonal

[ ]  PDE5 Inhibitors

\* Core CDEs