1. Asthma-specific hospital admissions

Yes

No

Unknown

Date(s) \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ (DD-MMM-YYYY)

2. Asthma-specific ED visits

Yes

No

Unknown

Date(s) \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ (DD-MMM-YYYY)

3. Asthma-specific outpatient visits

Yes

No

Unknown

Date(s) \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ (DD-MMM-YYYY)

4. Asthma-specific detailed medication use (name, dose, duration) (See Asthma Medication List and Form)

5. Resource use related to the intervention (eg, personnel time, mite eradication, equipment)

## General Instructions

This form is generally administered at follow-up visits to track a participant’s/subject’s asthma status. This CRF is Supplemental for certain types of clinical research, but is not intended to be used in all studies.

The data elements collected on this form may need to be modified for study-specific research hypotheses. Every CDE contained in this CRF Module may not be appropriate for every sickle cell disease study, e.g. pediatric versus adult populations. The CDEs are dependent on the age of the patients, the research question(s) being investigated, and other data being collected.