

## **Data Collection Worksheet**

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Name	e:		MRN:	Date:						
Self-	Manag	ement Skills Checkl	ist for Teens							
			cills that teens use to mana s you for each question.	age their sickle ce	ll di	seas	e. Pl	ease	circ	le
1	2		3	4	5					
		learning how to do	Yes, I have started doing this when I am reminded.	Yes, I always do t when I am remind			is wh		ys do need	
1.	Can y	ou name all your m	edicines?		1	2	3	4	5	
2.	Can you find information about sickle cell disease if you need it (like at the doctor's office, on the internet, or in the community)?							4	5	
3.	Can you find information about your educational options if you need it?							4	5	
4.	Do you ask your doctor or medical team questions during clinical appointments?							4	5	
			er than pain medicines to , distraction, imagery)?	manage your	1	2	3	4	5	

6.	Do you take your medicines when you are supposed to?									
7.	Do you refill your pain medicines on your own?									
8.	Do you complete a medical history form on your own?									
9.	Do you take part in activities to stay healthy like exercising and eating healthy foods?									
10.	Do you find someone to talk to if you feel sad, down, anxious, or angry?									
11.	Do you talk to your school or medical team about your education and the future?									
1	2 3									
No,	No, I don't know. No, but I am learning. Yes, I know.									
1	Do you know what type of sickle cell disease you have?									
2	Do you know about complications related to sickle cell disease (like stroke retinopathy, and bone infection)?									
3	Do you know how to manage mild to moderate pain episodes at home?									
4	Do you know how to prevent a pain crisis?									

5	Do you know when to go to the hospital if you can't manage your symptoms at home?	1	2	3
6	Do you know how often you need to come to your clinic appointments?	1	2	3
7	Do you know which insurance plan you have?	1	2	3
8	Do you know how to find a doctor (not at St. Jude) who is covered by your insurance plan?	1	2	3
9	Do you know how to protect yourself from unplanned pregnancy and sexually transmitted diseases (STDs)?	1	2	3
10	Do you know the effects of tobacco, street drugs, and alcohol on your body?	1	2	3

On a scale of 0 to 10, please circle one number that best describes how confident you feel about managing your illness on your own.

0	1	2	3	4	5	6	7	8	9	10
Not Confident										Very Confident

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Protocol source: <a href="https://www.phenxtoolkit.org/protocols/view/870801">https://www.phenxtoolkit.org/protocols/view/870801</a>