

Survey Question	Possible Options for Patient	
How often during the year, do you have pain requiring an emergency room visit?	0-3 times	4-7 times
On a scale of 1-10, how well do you think that the care you receive in the emergency room addresses your needs?		
On a scale of 1-10, how effectively does the staff control your pain in the ED?		
How many times per year do you get hospitalized?	0-3 times	4-7 times
During your ED visit or hospitalization do you feel the doctors listen to you?	Yes	No
Have you ever been called or implied as a Drug Seeker? If so, how did it make you feel?	Yes, It made me feel _____.	No
Do you have a primary care physician?	Yes	No
Do you have other medical conditions besides Sickle Cell Disease? Please select applicable choices if so.	None	Asthma
Have you been tested for COVID-19?	Yes	No
	Yes	No
Are you followed in the pain management clinic and hematology clinic?		
Do you feel depressed?	Very often	Never
Have you ever had suicidal thoughts?	Very often	Never
Do you receive on going mental health counseling?	Very often	Never
	Yes	No
Did you finish High School/College/Other?		
Are you employed?	Yes	No
Do you have children with sickle cell disease?	Yes	No
What is your country of birth?	Dropdown of all countries	
What is your parent's country of birth?	Dropdown of all countries	
Language Spoken	English	Spanish
Recommendations to Hospital Staff(including Physician)	Open-ended Response for Patients to pro	

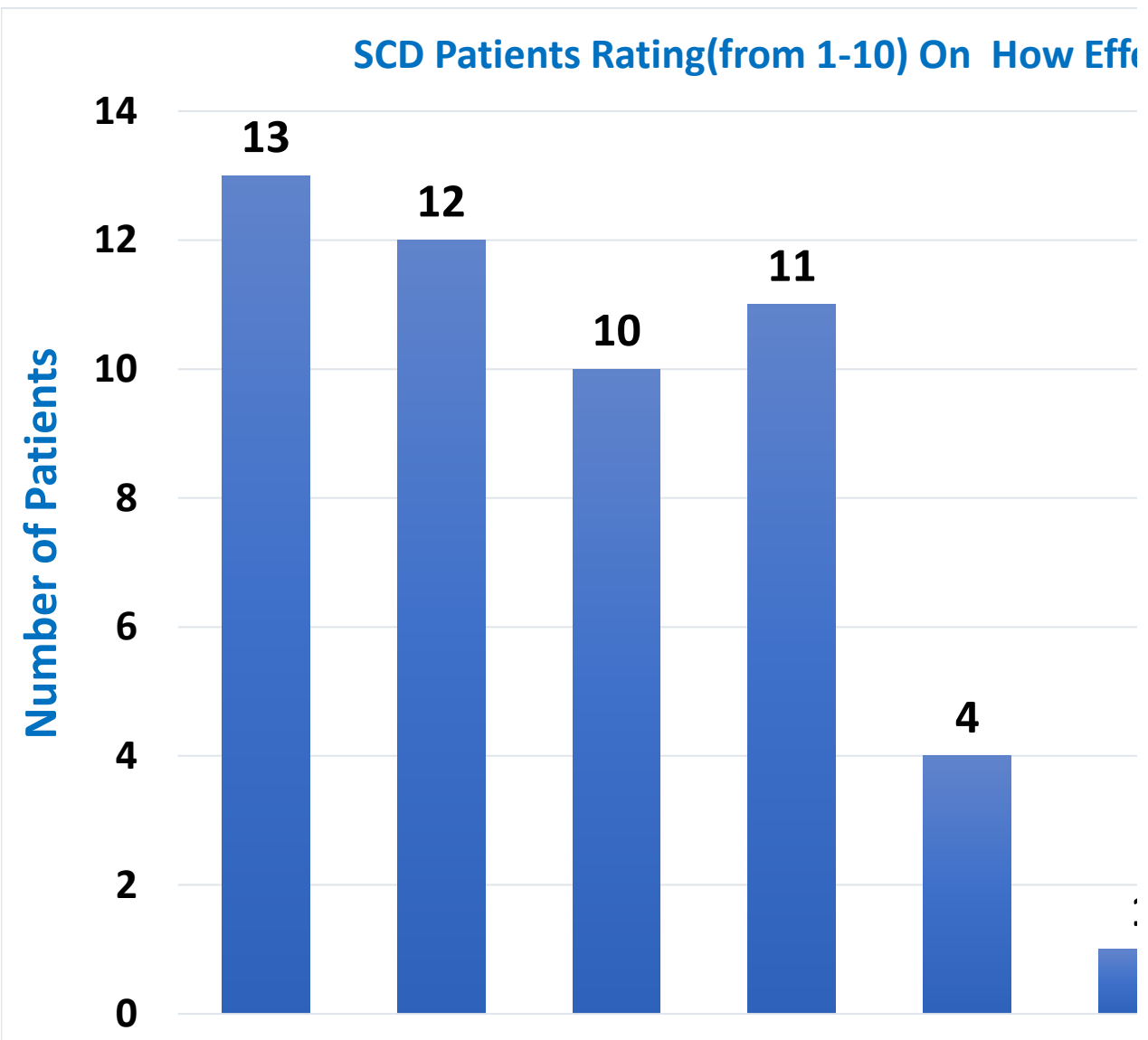
OPTIONAL(If patient prefers to be anonymous, numerical ID is assigned.)

Name

Contact Number

Mock Data is Below*

Interpreting Survey Results for Improving Patient



1

2

3

4

5
Ratings

(



8-11 times >11 times

8-11 times >11 times

Sometimes

Cancer Diabetes COVID-19 Other

Sometimes

Sometimes

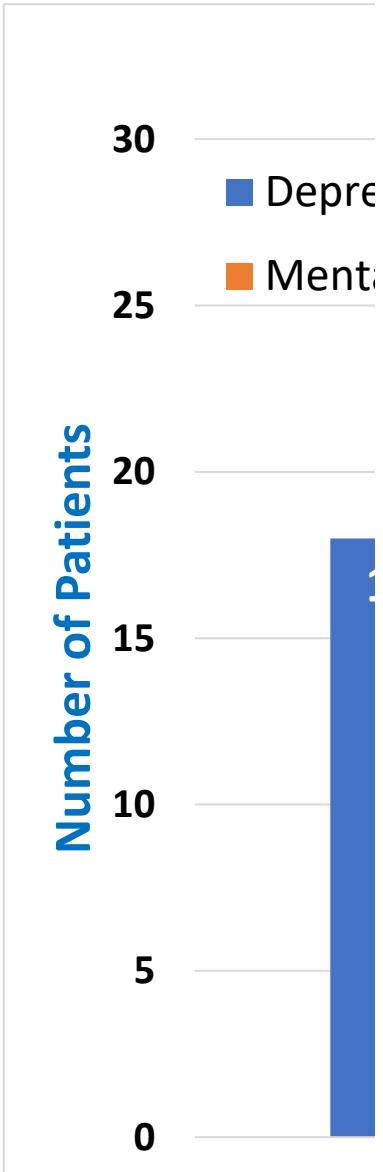
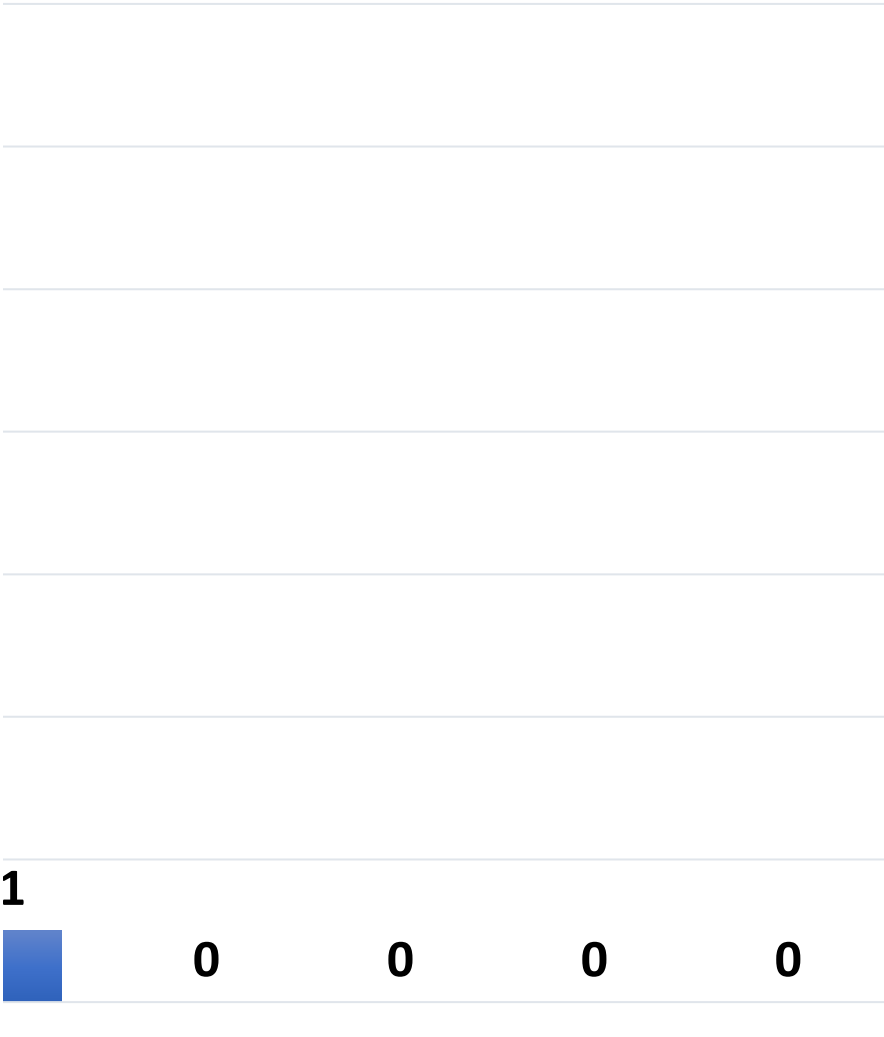
Sometimes

French Other

provide feedback

Patient Care

Effective Staff Controls Pain



6

7

8

9

10

Quantifying Emotional Impact on SCD Patients

ession

al Health Counseling

