

VOC Diary

The tool for monitoring
the vaso-occlusive crises
of patients with SCD

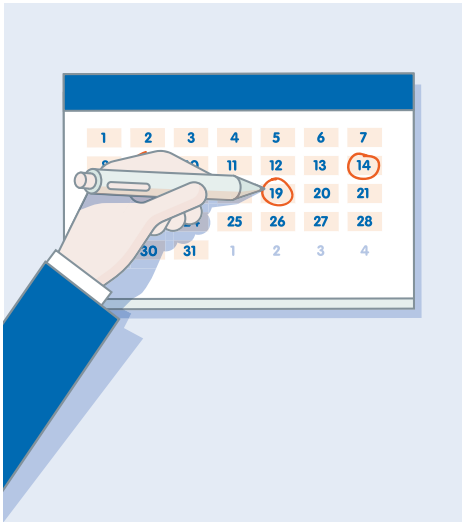
What is the VOC Diary?

The VOC diary is the tool that will help you keep track of your vaso-occlusive crises (VOCs) over the weeks and months.

What is it for?

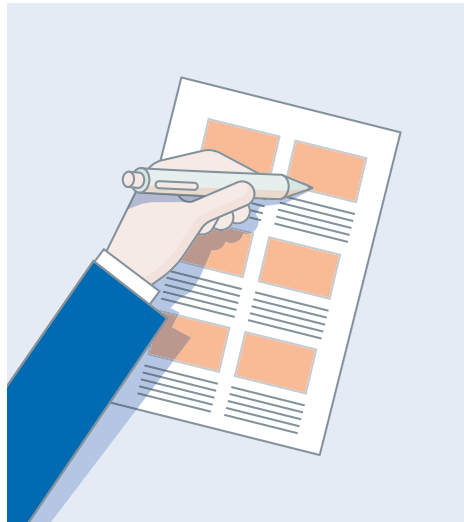
The VOC diary is the tool helps to keep track of vaso-occlusive crises (VOC) over the weeks and months.

How should it be kept?



General calendar

Once you have recorded the month and year, mark an X on the days when VOCs occur.



VOC monitoring sheet

For each VOC, record all the information in the monitoring sheet provided.



IT is important to record all your VOCs, even those managed at home.

General Calendar

Mark an X on the days when you have VOCs

Month _____ Year _____

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
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VOC monitoring sheet

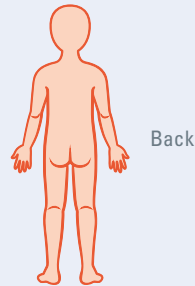
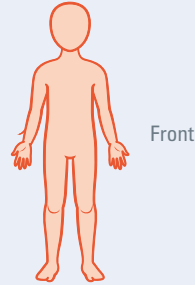
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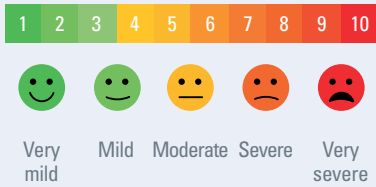
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Mark an X on the areas involved in the crisis.



Indicate the intensity of the crisis on this scale.



What symptoms did you have other than pain?

- Tiredness Fever Dizziness Shortness of breath Nausea Headache

Other _____

What did you do to reduce the pain?

- Anti-inflammatory agents Analgesics/opioids Warm compress Relaxation techniques Examined at the Emergency Department Examined by general practitioner Examined by other Specialist

How did you take the medication?

- Oral Intravenous Intramuscular

Other _____

VOC monitoring sheet

Which activities were you NOT able to perform?



School



Work



Sleep



Family life and social/personal relationships



Sports activities



Leisure activities



Personal care

For how long were you unable to perform them?

DID anything happen before the crisis?

Try to identify any trigger factors



Significant temperature changes



Wind



High altitude



Stress



Exercise



Dehydration



Infection



Nothing

Other _____

NOTES _____

VOC monitoring sheet

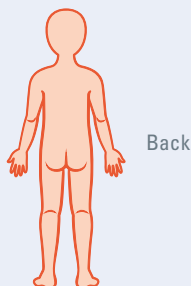
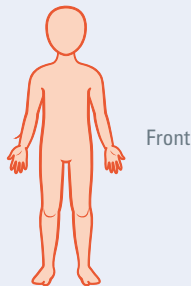
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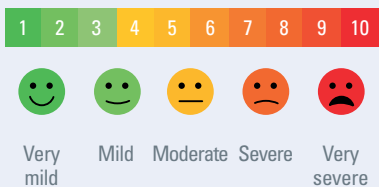
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Other _____

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School



Work



Sleep



Family life and
social/personal relationships



Sports
activities



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Significant
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changes



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High
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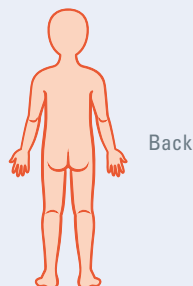
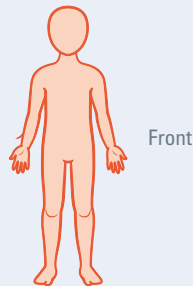
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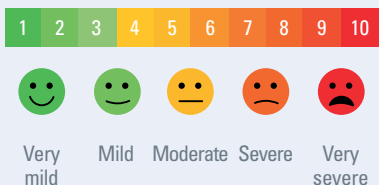
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School



Work



Sleep



Family life and
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Sports
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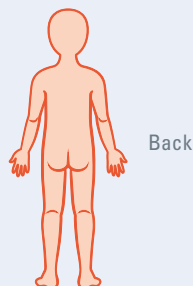
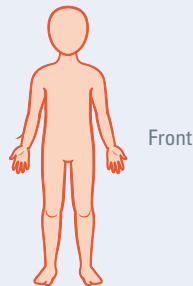
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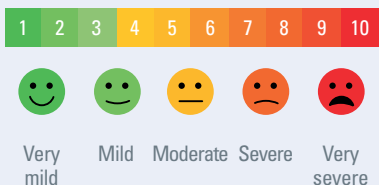
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School



Work



Sleep



Family life and
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Sports
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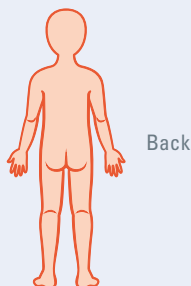
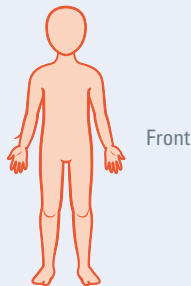
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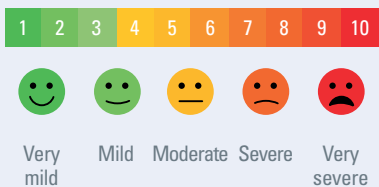
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Work



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Family life and social/personal relationships



Sports activities



Leisure activities



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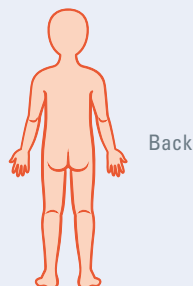
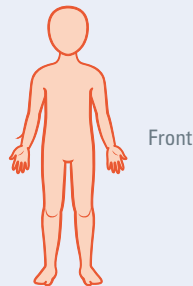
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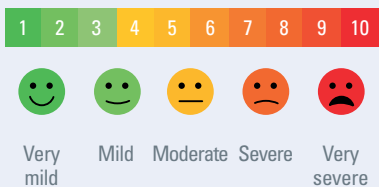
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School



Work



Sleep



Family life and
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Sports
activities



Leisure
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Personal
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For how long were you unable to perform them?

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Significant
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Dehydration



Infection



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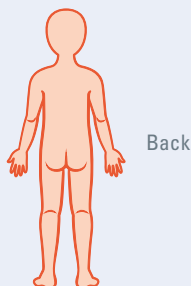
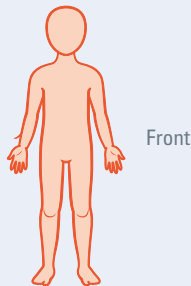
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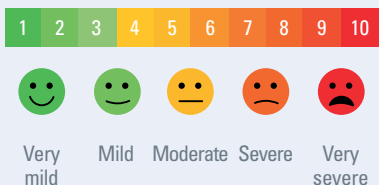
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School



Work



Sleep



Family life and
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Sports
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Leisure
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Personal
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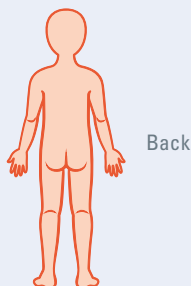
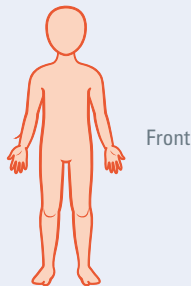
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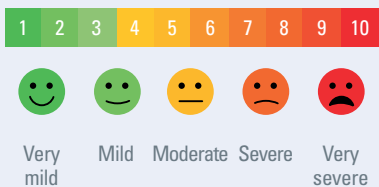
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School



Work



Sleep



Family life and social/personal relationships



Sports activities



Leisure activities



Personal care

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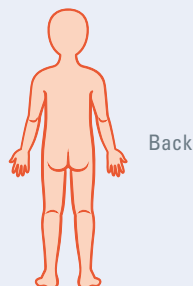
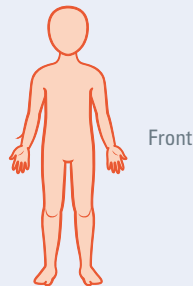
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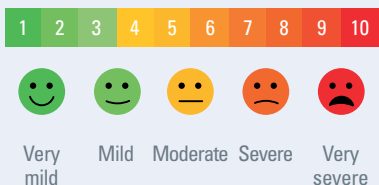
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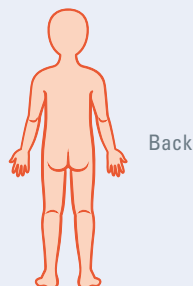
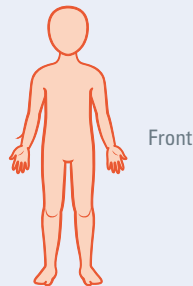
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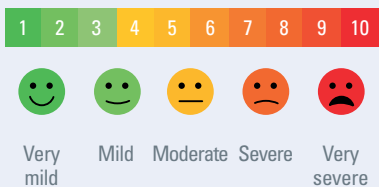
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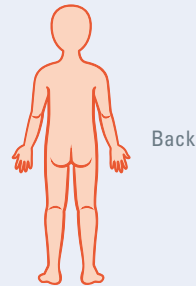
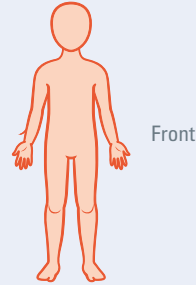
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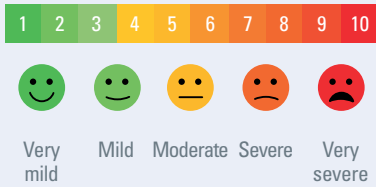
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7	8	9	10	11	12	13
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28	29	30	31			

Mark an X on the areas involved in the crisis.



Indicate the intensity of the crisis on this scale.



What symptoms did you have other than pain?

- Tiredness
 Fever
 Dizziness
 Shortness of breath
 Nausea
 Headache

Other _____

What did you do to reduce the pain?

- | | | | | | | |
|--------------------------|--------------------|---------------|-----------------------|--------------------------------------|----------------------------------|------------------------------|
| | | | | | | |
| Anti-inflammatory agents | Analgesics/opioids | Warm compress | Relaxation techniques | Examined at the Emergency Department | Examined by general practitioner | Examined by other Specialist |

How did you take the medication?

- Oral
 Intravenous
 Intramuscular

Other _____

VOC monitoring sheet

Which activities were you NOT able to perform?



School



Work



Sleep



Family life and
social/personal relationships



Sports
activities



Leisure
activities



Personal
care

For how long were you unable to perform them?

DID anything happen before the crisis?

Try to identify any trigger factors



Significant
temperature
changes



Wind



High
Altitude



Stress



Exercise



Dehydration



Infection



Nothing

Other _____

NOTES _____

VOC monitoring sheet

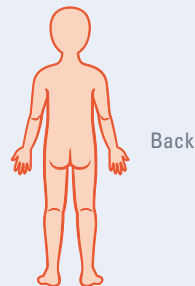
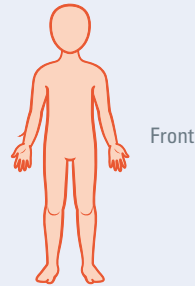
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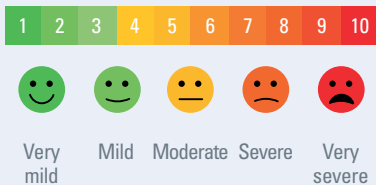
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Other _____

What did you do to reduce the pain?

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How did you take the medication?

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Other _____

VOC monitoring sheet

Which activities were you NOT able to perform?



School



Work



Sleep



Family life and
social/personal relationships



Sports
activities



Leisure
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Personal
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Significant
temperature
changes



Wind



High
Altitude



Stress



Exercise



Dehydration



Infection



Nothing

Other _____

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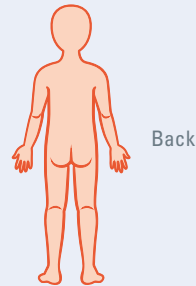
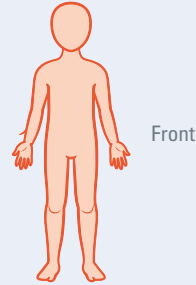
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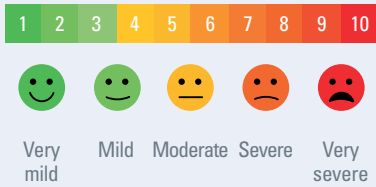
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VOC monitoring sheet

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School



Work



Sleep



Family life and
social/personal relationships



Sports
activities



Leisure
activities



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Significant
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Infection



Nothing

Other _____

NOTES _____

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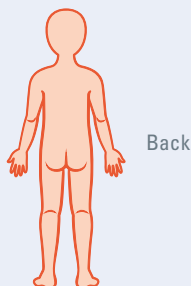
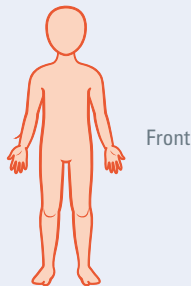
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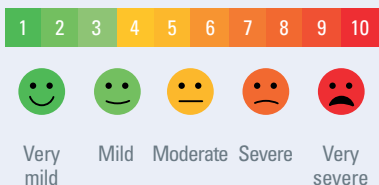
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School



Work



Sleep



Family life and
social/personal relationships



Sports
activities



Leisure
activities



Personal
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Significant
temperature
changes



Wind



High
Altitude



Stress



Exercise



Dehydration



Infection



Nothing

Other _____

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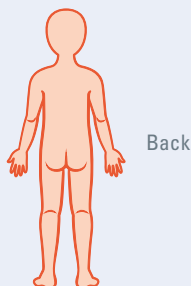
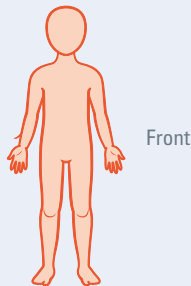
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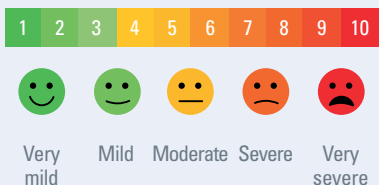
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School



Work



Sleep



Family life and
social/personal relationships



Sports
activities



Leisure
activities



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temperature
changes



Wind



High
Altitude



Stress



Exercise



Dehydration



Infection



Nothing

Other _____

NOTES _____

VOC monitoring sheet

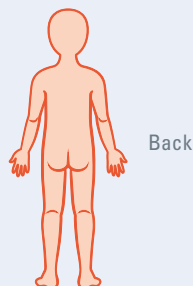
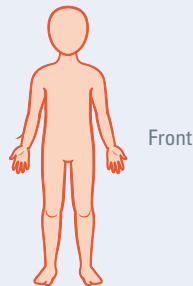
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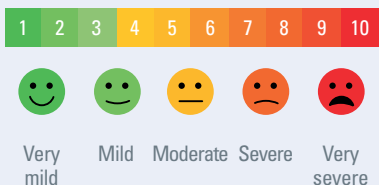
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VOC monitoring sheet

Which activities were you NOT able to perform?



School



Work



Sleep



Family life and
social/personal relationships



Sports
activities



Leisure
activities



Personal
care

For how long were you unable to perform them?

DID anything happen before the crisis?

Try to identify any trigger factors



Significant
temperature
changes



Wind



High
Altitude



Stress



Exercise



Dehydration



Infection



Nothing

Other _____

NOTES _____

VOC monitoring sheet

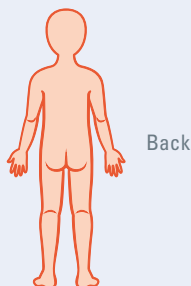
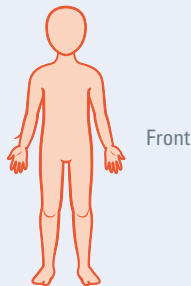
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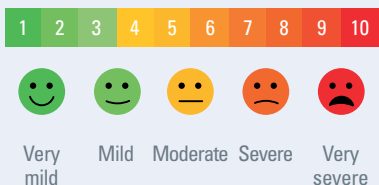
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VOC monitoring sheet

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School



Work



Sleep



Family life and
social/personal relationships



Sports
activities



Leisure
activities



Personal
care

For how long were you unable to perform them?

DID anything happen before the crisis?

Try to identify any trigger factors



Significant
temperature
changes



Wind



High
Altitude



Stress



Exercise



Dehydration



Infection



Nothing

Other _____

NOTES _____

VOC monitoring sheet

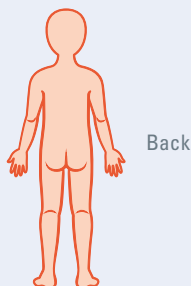
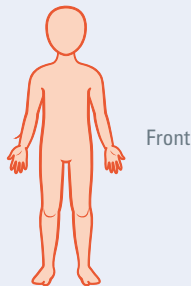
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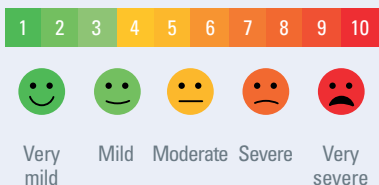
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Other _____

VOC monitoring sheet

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School



Work



Sleep



Family life and
social/personal relationships



Sports
activities



Leisure
activities



Personal
care

For how long were you unable to perform them?

DID anything happen before the crisis?

Try to identify any trigger factors



Significant
temperature
changes



Wind



High
Altitude



Stress



Exercise



Dehydration



Infection



Nothing

Other _____

NOTES _____

VOC monitoring sheet

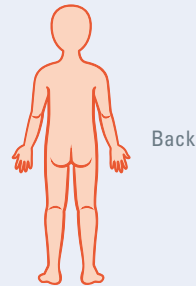
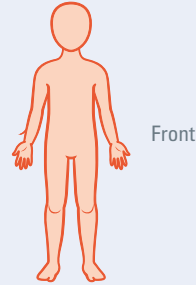
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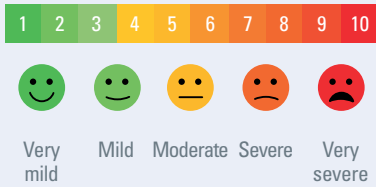
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VOC monitoring sheet

Which activities were you NOT able to perform?



School



Work



Sleep



Family life and social/personal relationships



Sports activities



Leisure activities



Personal care

For how long were you unable to perform them?

DID anything happen before the crisis?

Try to identify any trigger factors



Significant temperature changes



Wind



High Altitude



Stress



Exercise



Dehydration



Infection



Nothing

Other _____

NOTES _____

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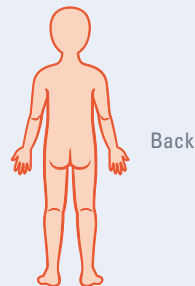
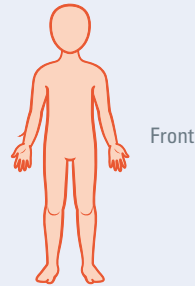
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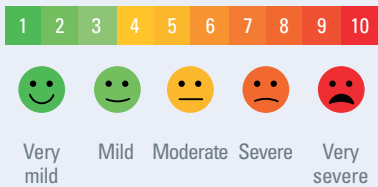
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School



Work



Sleep



Family life and
social/personal relationships



Sports
activities



Leisure
activities



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Significant
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Nothing

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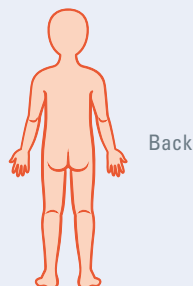
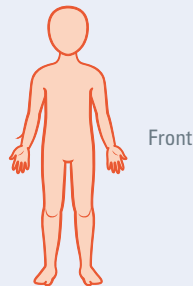
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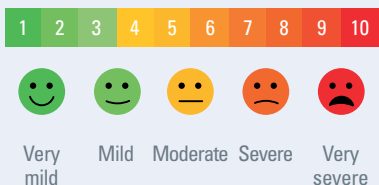
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School



Work



Sleep



Family life and
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Sports
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Nothing

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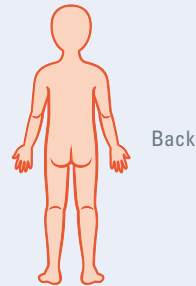
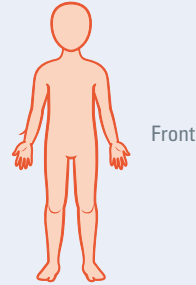
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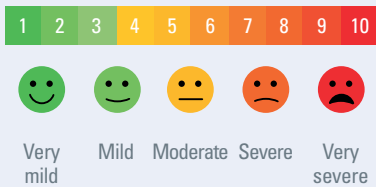
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Work



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Family life and
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NOTES _____

VOC monitoring sheet

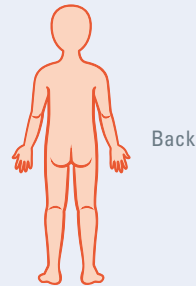
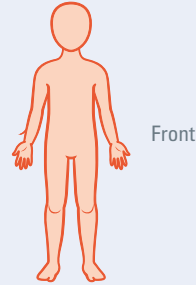
Fill out all parts of the sheet: one sheet for each VOC

Write the name of the month and mark an X on the days the crisis starts and ends.

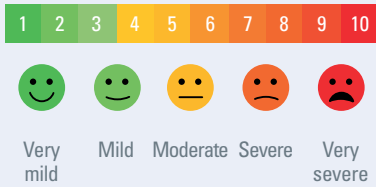
Month _____

	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Mark an X on the areas involved in the crisis.



Indicate the intensity of the crisis on this scale.



What symptoms did you have other than pain?

- Tiredness Fever Dizziness Shortness of breath Nausea Headache

Other _____

What did you do to reduce the pain?

- Anti-inflammatory agents Analgesics/opioids Warm compress Relaxation techniques Examined at the Emergency Department Examined by general practitioner Examined by other Specialist

How did you take the medication?

- Oral Intravenous Intramuscular

Other _____

VOC monitoring sheet

Which activities were you NOT able to perform?



School



Work



Sleep



Family life and
social/personal relationships



Sports
activities



Leisure
activities



Personal
care

For how long were you unable to perform them?

DID anything happen before the crisis?

Try to identify any trigger factors



Significant
temperature
changes



Wind



High
Altitude



Stress



Exercise



Dehydration



Infection



Nothing

Other _____

NOTES _____

VOC monitoring sheet

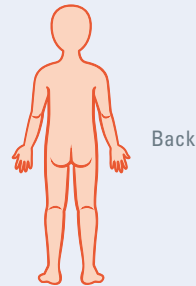
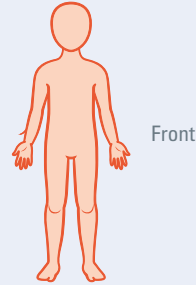
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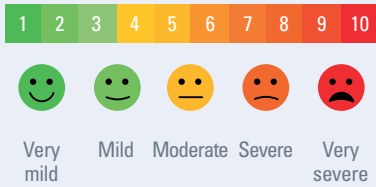
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VOC monitoring sheet

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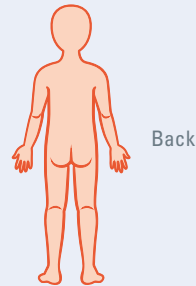
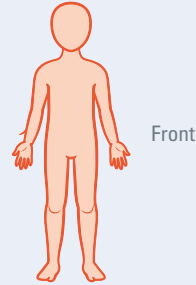
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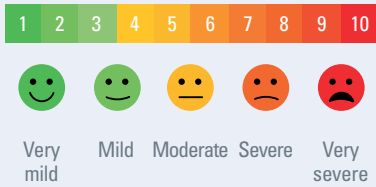
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Novartis Farma S.p.A. Viale Luigi Sturzo 43, 20154 Milano, Italia

Material providing information on the disease
DHL code 1237746. Company code 10221532000

January 2023