

You may be your child, if your child is a minor.

- |   |     |    |
|---|-----|----|
| 1. Did a doctor or nurse discuss hydroxyurea with you?                          | Yes | No |
| 2. Did a doctor or nurse recommend or offer you a prescription for hydroxyurea? | Yes | No |
| 3. Do you take hydroxyurea?   | Yes | No |
| 4. Do you take hydroxyurea as prescribed?                                       | Yes | No |
| 5. If you take hydroxyurea, do you encounter any problems? Mark all that apply  |     |    |

Does not work for my pain

I do not like to take medications but I force myself to take it

I do not like to take medication so I do not take it frequently

I cannot afford this medication

Hydroxyurea makes me sick to my stomach

I do not like the taste

I have problems remembering to take hydroxyurea

I have no problems taking hydroxyurea

Other. Please explain. \_\_\_\_\_

6. If you declined your doctor's offer to prescribe hydroxyurea, what was the reason?

I do not like to take medications

I do not think I need to take hydroxyurea because my disease is not too bad

I fear that hydroxyurea may give me bad side effects. If yes, please explain what the side effects are that you fear. \_\_\_\_\_

I do not want to take a medicine that is chemotherapy

I do not like hydroxyurea because I may not have kids if I take it

I fear I may lose my hair

I think I may get cancer if I take it

I do not understand why I need this medication

I do not want to come frequently because of the monitoring required

I do not want to take medications because I feel that this is an experiment to see what happens

I will consider to take hydroxyurea if I understand why this will benefit me

I cannot afford this medication

Other. Please explain.

### Supplemental Figure 1. Hydroxyurea Barrier Assessment Questionnaire