JDRF Artificial Pancreas Project Randomized Clinical Trial
Health Services Utilization Parent
tblASurveyHSUP

Patient ID: ____ ____ ____ ____ ____ ____   **PtID**

Primary caregiver: **EduCareGvrP**

☐ Mother ☐ Father ☐ Grandmother ☐ Grandfather ☐ Aunt ☐ Uncle

☐ Older Sibling ☐ Other

1) In the last 12 months, has your child had to use the Emergency Room?   **UseERP**

☐ Yes   ☐ No   ☐ Don't know or not applicable

If yes, complete the following:
1a. How many times did your child go to the Emergency Room? _____.   **UseERNumP**
1b. Why did your child go to the Emergency Room?
   i.   Hypoglycemia (low blood sugars) _____. (Number of times).   **ERNumHypoP**
   ii.   Hyperglycemia (high blood sugars) _____. (Number of times).   **ERNumHyperP**
   iii.   For other reasons related to diabetes _____. (Number of times).   **ERNumOthP**
   iv.   Unrelated to diabetes _____. (Number of times).   **ERNumUnRelP**

2) In the last 12 months, has 911 been called because of your child's medical condition?   **Call911P**

☐ Yes   ☐ No   ☐ Don't know or not applicable

If yes, complete the following:
2a. How many times was 911 called? _____.   **Call911NumP**
2b. Why was 911 called?
   i.   Hypoglycemia (low blood sugars) _____. (Number of times).   **Call911NumHypoP**
   ii.   Hyperglycemia (high blood sugars) _____. (Number of times).   **Call911NumHyperP**
   iii.   For other reasons related to diabetes _____. (Number of times).   **Call911NumOthP**
   iv.   Unrelated to diabetes _____. (Number of times).   **Call911NumUnRelP**

3) In the last 12 months, has your child had to use an After Hours Medical Clinic (other than an Emergency Room)?   **UseAHClinicP**

☐ Yes   ☐ No   ☐ Don't know or not applicable

If yes, complete the following:
3a. How many times did your child go to the After Hours Medical Clinic? _____.   **UseAHNumP**
3b Why did your child go to the After Hours Medical Clinic?
   i.   Hypoglycemia (low blood sugars) _____. (Number of times).   **AHNumHypoP**
   ii.   Hyperglycemia (high blood sugars) _____. (Number of times).   **AHNumHyperP**
   iii.   For other reasons related to diabetes _____. (Number of times).   **AHNumOthP**
   iv.   Unrelated to diabetes _____. (Number of times).   **AHNumUnRelP**

4) In the last 12 months, has your child had to be admitted to the <u>Hospital</u>? **UseHospP**

   ☐ Yes   ☐ No ☐ Don't know or not applicable

  If yes, complete the following:
  4a. How many times was your child admitted to the <u>Hospital</u>? _____. **UseHospNumP**
  4b. Why was your child admitted to the <u>Hospital</u>?
      i.   Hypoglycemia (low blood sugars) _____. (Number of times) _____. (Number of days <u>all</u> admissions) **HospNumHypoP**
                                 HospDayHypoP
      ii.   Hyperglycemia (high blood sugars) _____. (Number of times) _____. (Number of days <u>all</u> admissions) **HospNumHyperP**
                                 HospDayHyperP
      iii.   For other reasons related to diabetes _____. (Number of times) _____. (Number of days <u>all</u> admissions) **HospNumOthP**
                                 HospDayOthP
      iv.   Unrelated to diabetes _____. (Number of times) _____. (Number of days <u>all</u> admissions)
                           HospNumUnRelP
                           HospDatUnRelP

5) In the last 12 months, has your child <u>seen a health care provider like a physician or nurse practitioner for an office visit</u>? **UseOVP**

   ☐ Yes   ☐ No ☐ Don't know or not applicable

  If yes, complete the following:
  5a. How many times has your child <u>seen a health care provider like a physician or nurse practitioner for an office visit</u>? **UseOVNumP**
  5b. Why was your child seen by a health care provider?
      i.   For other reasons related to diabetes _____. (Number of times) **OVNumRelP**
      ii.   Unrelated to diabetes _____. (Number of times) **OVNumUnRelP**
      iii.   Both _____. (Number of times) **OVNumAllP**
  5c. During the office visit did your child have:
      i.   A Hemoglobin A1c test (to measure the control of their diabetes) _____. (Number of times)
                OVNumHbA1cP
      ii.   A diabetic eye exam (either by their regular doctor or an eye doctor) _____. (Number of times)
                OVNumEyeP
      iii.   A diabetic foot exam (either by their regular doctor or a foot doctor) _____. (Number of times)
                OVNumFootP

6) What was your total out-of-pocket cost for diabetes care for your child in the past 12 months? **DxCareCostP**
  $_____