

JDRF Artificial Pancreas Project Randomized Clinical Trial
Health Services Utilization Subject
tblASurveyHSUS

Patient ID: _____ PtID

1) In the last 12 months, have you had to use the Emergency Room? [UseERS](#)

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

If yes, complete the following:

1a. How many times did you go to the Emergency Room? _____. [UseERNumS](#)

1b. Why did you go to the Emergency Room?

- i. Hypoglycemia (low blood sugars) _____. (Number of times). [ERNumHypoS](#)
- ii. Hyperglycemia (high blood sugars) _____. (Number of times). [ERNumHyperS](#)
- iii. For other reasons related to diabetes _____. (Number of times). [ERNumOthS](#)
- iv. Unrelated to diabetes _____. (Number of times). [ERNumUnRelS](#)

2) In the last 12 months, has 911 been called because of your medical condition? [Call911S](#)

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

If yes, complete the following:

2a. How many times was 911 called? _____. [Call911NumS](#)

2b. Why was 911 called?

- i. Hypoglycemia (low blood sugars) _____. (Number of times). [Call911NumHypoS](#)
- ii. Hyperglycemia (high blood sugars) _____. (Number of times). [Call911NumHyperS](#)
- iii. For other reasons related to diabetes _____. (Number of times). [Call911NumOthS](#)
- iv. Unrelated to diabetes _____. (Number of times). [Call911NumUnRelS](#)

3) In the last 12 months, have you had to use an After Hours Medical Clinic (other than an Emergency Room)? [UseAHClinics](#)

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

If yes, complete the following:

3a. How many times did you go to the After Hours Medical Clinic? _____. [UseAHNumS](#)

3b. Why did you go to the After Hours Medical Clinic?

- i. Hypoglycemia (low blood sugars) _____. (Number of times). [AHNumHypoS](#)
- ii. Hyperglycemia (high blood sugars) _____. (Number of times). [AHNumHyperS](#)
- iii. For other reasons related to diabetes _____. (Number of times). [AHNumOthS](#)
- iv. Unrelated to diabetes _____. (Number of times). [AHNumUnRelS](#)

4) In the last 12 months, have you had to be admitted to the Hospital? **UseHospS**

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

If yes, complete the following:

4a. How many times were you admitted to the Hospital? _____. **UseHospNumS**

4b. Why were you admitted to the Hospital?

- i. Hypoglycemia (low blood sugars) _____. (Number of times) _____. (Number of days all admissions) **HospNumHypoS**
HospDayHypoS
- ii. Hyperglycemia (high blood sugars) _____. (Number of times) _____. (Number of days all admissions) **HospNumHyperS**
HospDayHyperS
- iii. For other reasons related to diabetes _____. (Number of times) _____. (Number of days all admissions) **HospNumOthS**
HospDayOthS
- iv. Unrelated to diabetes _____. (Number of times) _____. (Number of days all admissions) **HospNumUnRelS**
HospDayUnRelS

5) In the last 12 months, have you seen a health care provider like a physician or nurse practitioner for an office visit? **UseOVS**

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

If yes, complete the following:

5a. How many times have you seen a health care provider like a physician or nurse practitioner for an office visit? **UseOVNumS**

5b. Why were you seen by a health care provider?

- i. For other reasons related to diabetes _____. (Number of times) **OVNumRelS**
- ii. Unrelated to diabetes _____. (Number of times) **OVNumUnRelS**
- iii. Both _____. (Number of times) **OVNumAllS**

5c. During the office visit did you have?

- iv. A Hemoglobin A1c test (to measure the control of your diabetes) _____. (Number of times) **OVNumHbA1cS**
- v. A diabetic eye exam (either by your regular doctor or an eye doctor) _____. (Number of times) **OVNumEyeS**
- vi. A diabetic foot exam (either by your regular doctor or a foot doctor) _____. (Number of times) **OVNumFootS**

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