

No.	Item Description	Data Value
a	Data Collected? DB Name: [zDataCollected]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
b	Date of assessment DB Name: [zFormDate]	<input type="text"/>  (dd-mmm-yyyy) Complete
1	Have you been in the hospital overnight or longer in the past 6 months? DB Name: [Q01]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes

Child Form ID: 63 Child DB Table Name: F50C

No.	A Primary Diagnosis (250 char.) DB Name: [QA]	B Total number of nights (night(s)) DB Name: [QB]
	3	Have you had any visits to an Emergency Department at a hospital not requiring an overnight stay in the past 6 months? DB Name: [Q03]
4	Primary diagnosis 1 DB Name: [Q04]	(250 char.)
5	Primary diagnosis 2 DB Name: [Q05]	(250 char.)
6	Primary diagnosis 3 DB Name: [Q06]	(250 char.)
7	Have you had any office physician visits or any other health professional visits in the past 6 months? DB Name: [Q07]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
8	Have you seen a primary care physician in the past 6 months? DB Name: [Q08]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
9	If yes, how many visits? DB Name: [Q09]	<input type="text"/> visit(s)
10	Have you seen a specialist in the past 6 months? DB Name: [Q10]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
11	If yes, how many visits? DB Name: [Q11]	<input type="text"/> visit(s)
12	Have you seen a therapist (physical, occupational) in the past 6 months? DB Name: [Q12]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes

13	If yes, how many visits? DB Name: [Q13]	<input type="text"/> visit(s)
14	Have you had any other visits to a health professional in the past 6 months? DB Name: [Q14]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
15	If yes, how many visits? DB Name: [Q15]	<input type="text"/> visit(s)
16	Have your medications changed in the past 6 months? DB Name: [Q16]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
17	Where are you living now? DB Name: [Q17]	<input type="radio"/> 1 - Own home <input type="radio"/> 4 - Nursing home <input type="radio"/> 2 - Relative's / friend's home <input type="radio"/> 98 - Other <input type="radio"/> 3 - Rehabilitation
18	Due to an illness (SOD or other illness), have you been forced to take time away from your usual occupation or daily activities in the past 6 months? DB Name: [Q18]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
19	If yes, please estimate the number of days. DB Name: [Q19]	<input type="text"/> day(s)
20	How would you describe your current employment activities? DB Name: [Q20]	<input type="radio"/> 1 - Working full-time <input type="radio"/> 5 - Not working, on disability pay <input type="radio"/> 2 - Working part-time <input type="radio"/> 6 - Unemployed and looking for work <input type="radio"/> 3 - Student <input type="radio"/> 7 - Homemaker <input type="radio"/> 4 - Retired <input type="radio"/> 98 - Other
21	Are there any other financial burdens to you or your family and friends (excluding medications) that you have incurred due to your SOD in the past 6 months? DB Name: [Q21]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
22	If yes, specify: DB Name: [Q22]	<input type="text"/> (100 char.)
c	General Comments DB Name: [zNotes]	<input type="text"/> (250 char.)