

WebDCU™ EPISOD Annotated Form for [Follow Up Resource Utilization Questionnaire]

No.	Data Item	Data Value
a	Data collected? DB Name: [zDataCollected]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=58 and zItemNb>=0]
b	Date of assessment DB Name: [zFormDate]	<input type="text"/> <i>Complete Date</i>
1	Have you been in the hospital overnight or longer since your last visit in the past 3 months? DB Name: [Q01]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]

Hospital overnight stay

	A	B
No.	Primary Diagnosis (250 char.) DB Name: [QA]	Total number of nights DB Name: [QB]
2-1		

No.	Data Item	Data Value
3	Have you had any visits to an Emergency Department at a hospital not requiring an overnight stay in the past 3 months? DB Name: [Q03]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]
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	<p>Have you had any office physician visits or any other health professional visits in the past 3 months?</p> <p>DB Name: [Q07]</p>	<p><input type="radio"/> 0 - No <input type="radio"/> 1 - Yes</p> <p>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]</p>
8	<p>Have you seen a primary care physician in the past 3 months?</p> <p>DB Name: [Q08]</p>	<p><input type="radio"/> 0 - No <input type="radio"/> 1 - Yes</p> <p>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]</p>
9	<p>If yes, how many visits? (If you have seen more than one primary care physician, enter total number of visits for all primary care physicians.)</p> <p>DB Name: [Q09]</p>	
10	<p>Have you seen a specialist in the past 3 months?</p> <p>DB Name: [Q10]</p>	<p><input type="radio"/> 0 - No <input type="radio"/> 1 - Yes</p> <p>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]</p>
11	<p>If yes, how many visits? (If you have seen more than one specialist, enter total number of visits for all specialists.)</p> <p>DB Name: [Q11]</p>	
12	<p>Have you seen a therapist (physical, occupational) in the past 3 months?</p> <p>DB Name: [Q12]</p>	<p><input type="radio"/> 0 - No <input type="radio"/> 1 - Yes</p> <p>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]</p>
13	<p>If yes, how many visits? (If you have seen more than one</p>	

	therapist, enter total number of visits for all therapists.) DB Name: [Q13]	
14	Have you had any other visits to a health professional in the past 3 months? DB Name: [Q14]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]
15	If yes, how many visits? DB Name: [Q15]	<i>visits</i>
16	Have your medications changed in the past 3 months? (If yes, include on Con Med Form.) DB Name: [Q16]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]
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 Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=125]
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 3 months? DB Name: [Q18]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]
19	If yes, please estimate the number of days. DB Name: [Q19]	<i>days</i>
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 Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=126]

21	<p>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 3 months?</p> <p>DB Name: [Q21]</p>	<p><input type="radio"/> 0 - No <input type="radio"/> 1 - Yes</p> <p>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]</p>
22	<p>If yes, specify</p> <p>DB Name: [Q22]</p>	<p style="text-align: right;"><i>100 char.</i></p>
c	<p>General Comments</p> <p>DB Name: [zNotes]</p>	<p><i>250 char.</i></p>