

**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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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

No.	A	B
	<b>Primary Diagnosis</b> <i>(250 char.)</i> DB Name: [ QA ]	<b>Total number of nights</b> 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>	

	<p>therapist, enter total number of visits for all therapists.) DB Name: [ Q13 ]</p>	
14	<p>Have you had any other visits to a health professional in the past 3 months? DB Name: [ Q14 ]</p>	<p><input type="radio"/> 0 - No    <input type="radio"/> 1 - Yes Data Source: [ zCodeltem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=51 ]</p>
15	<p>If yes, how many visits? DB Name: [ Q15 ]</p>	<p><i>visits</i></p>
16	<p>Have your medications changed in the past 3 months? (If yes, include on Con Med Form.) DB Name: [ Q16 ]</p>	<p><input type="radio"/> 0 - No    <input type="radio"/> 1 - Yes Data Source: [ zCodeltem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=51 ]</p>
17	<p>Where are you living now? DB Name: [ Q17 ]</p>	<p><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 ]</p>
18	<p>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 ]</p>	<p><input type="radio"/> 0 - No    <input type="radio"/> 1 - Yes Data Source: [ zCodeltem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=51 ]</p>
19	<p>If yes, please estimate the number of days. DB Name: [ Q19 ]</p>	<p><i>days</i></p>
20	<p>How would you describe your current employment activities? DB Name: [ Q20 ]</p>	<p><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 ]</p>

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            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>