

## Module 6

These questions are about your emergency room, urgent care  
and hospital visits in the last 12 months.

1. In the last 12 months, have you been to the emergency room for any reason? {erlst12mo}

1  Yes →

	# of times	Don't know
How many times were you in the emergency room?	<span style="color: blue;">{er12motms}</span> <input style="width: 30px; height: 20px;" type="text"/>	<span style="color: blue;">{er12motmsdk}</span> <input type="checkbox"/>
How many of these times were you in the emergency room due to your diabetes?	<span style="color: blue;">{er12modiab}</span> <input style="width: 30px; height: 20px;" type="text"/>	<span style="color: blue;">{er12modiabdk}</span> <input type="checkbox"/>

2  No

3  Don't know

{uclst12mo}

2. In the last 12 months, have you been seen or treated in an urgent care facility for any reason?

1  Yes →

	# of times	Don't know
How many times were you seen in urgent care?	<span style="color: blue;">{uc12motms}</span> <input style="width: 30px; height: 20px;" type="text"/>	<span style="color: blue;">{uc12motmsdk}</span> <input type="checkbox"/>
How many of these times were you seen in urgent care due to your diabetes?	<span style="color: blue;">{uc12modiab}</span> <input style="width: 30px; height: 20px;" type="text"/>	<span style="color: blue;">{uc12modiabdk}</span> <input type="checkbox"/>

2  No

3  Don't know

3. In the last 12 months, have you had one or more night's hospital stay (of more than 24 hours) for any reason? {holst12mo}

1  Yes →

	# of times	Don't know
How many times were you in the hospital for one or more nights?	<span style="color: blue;">{ho12motms}</span> <input style="width: 30px; height: 20px;" type="text"/>	<span style="color: blue;">{ho12motmsdk}</span> <input type="checkbox"/>
How many of these times were you in the hospital due to your diabetes?	<span style="color: blue;">{ho12motmsdiab}</span> <input style="width: 30px; height: 20px;" type="text"/>	<span style="color: blue;">{ho12momsdiabdk}</span> <input type="checkbox"/>

2  No

3  Don't know

4. In the last 12 months, have you had any severe hypoglycemia, that is, very low blood sugar that required you to get help? {hypo12mo}

1  Yes →

	# of times	Don't know
How many times?	{hypo12num} □ □	{hypo12numdk} □
How many times were you given an injection of glucagon – for hypoglycemia (low blood sugar)?	{hypo12inj} □ □	{hypo12injdk} □
How many times was 911 or life squad/paramedics called for hypoglycemia?	{hypo12911} □ □	{hypo12911dk} □
How many times did you go to an emergency room or urgent care for hypoglycemia?	{hypo12erv} □ □	{hypo12ervdk} □
How many times did you need to stay overnight at a hospital?	{hypo12hsp} □ □	{hypo12hspd} □

2  No

3  Don't know

5. In the last 12 months, have you had diabetic ketoacidosis (often called DKA, frequently with high blood sugar, vomiting and shortness of breath)? {dka12mo}

1  Yes →

	# of times	Don't know
How many times?	{dka12num} □ □	{dka12numdk} □
How many times did this result in an emergency room visit?	{dka12erv} □ □	{dka12ervdk} □
How many times did this result in one or more night's hospital stay?	{dka12hsp} □ □	{dka12hspd} □

2  No

3  Don't know