

## Module 6

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

1. In the last 12 months, has your child been to the emergency room for any reason? {erlst12mo}

1  Yes →

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

2  No

3  Don't know

2. In the last 12 months, has your child been seen or treated in an urgent care facility for any reason? {uclst12mo}

1  Yes →

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

2  No

3  Don't know

3. In the last 12 months, has your child 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 was your child in the hospital for one or more nights?	<span style="color: blue;">{ho12motms}</span> <input type="text"/> <input type="text"/>	<span style="color: blue;">{ho12motmsdk}</span> <input type="checkbox"/>
How many of these times was your child in the hospital due to their diabetes?	<span style="color: blue;">{ho12motmsdiab}</span> <input type="text"/> <input type="text"/>	<span style="color: blue;">{ho12momsdiabdk}</span> <input type="checkbox"/>

2  No

3  Don't know

4. In the last 12 months, has your child had any severe hypoglycemia, that is, very low blood sugar that required him/her to get help? {hypo12mo}

1  Yes →

	# of times	Don't know
How many times?	{hypo12num} □ □	{hypo12numdk} □
How many times was your child 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 your child go to an emergency room or urgent care for hypoglycemia?	{hypo12erv} □ □	{hypo12ervdk} □
How many times did your child need to stay overnight at a hospital?	{hypo12hsp} □ □	{hypo12hspdk} □

2  No

3  Don't know

5. In the last 12 months, has your child 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} □ □	{dka12hspdk} □

2  No

3  Don't know