



# Surveillance Event Inventory/Linkage Form

FORM CODE: SXI  
VERSION A: 10/20/2003

ID NUMBER:

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CONTACT YEAR:

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LAST NAME:

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INITIALS:

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**INSTRUCTIONS:** The SXI form is used for inventory, tracking, and linkage of information on Surveillance Event. It should be completed and entered into ASDES only when the field investigation for this ID number is considered closed. The Q x Q Instructions must be followed when completing this form. If new linkages are discovered subsequently, these must be reported by using ASDES to make the appropriate changes to the existing SXI Form for the Linked events.

## SURVEILLANCE EVENT INVENTORY AND LINKAGE FORM

### A. Inventory of Materials

1. Inventory of forms completed and keyed:

	Yes	No
a. CEL	Y	N
b. DTN	Y	N
c. IFI-1	Y	N
d. IFI-2	Y	N
e. IFI-3	Y	N
f. PHQ-1	Y	N
g. PHQ-2	Y	N
h. COR	Y	N
i. HRA	Y	N
j. Stroke records sent to Minnesota	Y	N
k. Autopsy report sent to the CSCC	Y	N

2. a. Is this a hospitalization

Go to Item 3	Yes	Y
	No	N

b. Were duplicated material sent to the Minneapolis ECG Reading Center?

	Yes	No
1. First ECG	Y	N
2. Last ECG	Y	N
3. Third ECG	Y	N

### B. Event Determination

3. Type of event for this ID

Go to Item 3	Out of Hospital	O
	In-Hospital Death	I
	Non-fatal Hospitalization	N

3. b. Date of discharge

M	M	D	D	Y	Y	Y	Y

4. Date of this event:

M	M	D	D	Y	Y	Y	Y

### C. Linkage Information

5. Have you identified any other ID(s) belonging to this same person? Yes Y

Go to item 12.	No	N
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Please enter all linkage within the last 12 months. If none, enter the most recent:

	Surveillance ID	Date of Events
6. a.	-----	-----
7. a.	-----	-----
8. a.	-----	-----
9. a.	-----	-----
10. a.	-----	-----
11. a.	-----	-----

### D. Administrative Information

12. Date of Collection:

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13. Code number of person completing this form:

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