OMB No. 0920-0212: Approval Expires 08/31/2008	DRAFT									
FORM HDS-1 (10-31-2006) U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL CENTER FOR HEALTH STATISTICS MEDICAL ABSTRACT NATIONAL HOSPITAL DISCHARGE SURVEY A. PATIENT 1. Hospital number 4.	Notice – All information which would permit identification of an individual or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons or used for any other purpose. Public reporting burden of this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0212).         TIDENTIFICATION         Date of admission       Month       Day       Year         Date of discharge									
3. (Item deleted) 6.	Residence ZIP Code									
B. PATIENT CHARACTERISTICS										
7. Date of birthMonthDayYear $\blacksquare$ $\blacksquare$ $\blacksquare$ $\blacksquare$ $\blacksquare$ $\blacksquare$ 8. Age - Complete only if date of birth not givenUnits $1 \Box$ Years $2 \Box$ Months $2 \Box$ Months $3 \Box$ Days9. Sex - Mark (X) one $1 \Box$ $\square$ $1 \Box$ Male $2 \Box$ Permale $3 \Box$ Not stated10. Ethnicity - Mark (X) one $1 \Box$ $\square$ $1 \Box$ Hispanic or Latino $3 \Box$	11. Race - Mark all that apply         1 □ White       6 □ Other - Specify ∠         2 □ Black or       African American         3 □ American Indian       -         or Alaska Native       -         4 □ Asian       -         5 □ Native Hawaiian       7 □ Not stated         Islander       -         12. Marital status - Mark (X) one       -         1 □ Married       3 □ Widowed       5 □ Separated         2 □ Single       4 □ Divorced       6 □ Not stated									
13. Type of Admission – Mark (X) one         1 Emergency       3 Elective         2 Urgent       4 Newborn         14. Source of Admission – Mark (X) one         1 Physician referral       7 Emergency room	16. Expected source(s) of payment Other									
2 □ Clinical referral       8 □ Court/Law enforcement         3 □ HMO referral       9 □ Other - Specify referral         4 □ Transfer from a hospital       9 □ Other - Specify referral         5 □ Transfer from SNF	compensation									
<ul> <li>15. Status/Disposition of patient - Mark (X) appropriate box(es)</li> <li>Status Disposition</li> <li>1 □ Alive → a. □ Routine discharge/discharged home</li> <li>b. □ Left against medical advice</li> <li>c. □ Discharged, transferred to another short-term hospital</li> </ul>	7. Other private or commercial insurance       □         8. Self pay       □         9. No charge       □         10. Other -Specify ∠       □									
<ul> <li>d. Discharged, transferred to long-term care institution</li> <li>e. Other disposition/not stated</li> <li>2 Died</li> <li>3 Status not stated</li> </ul>	Over)									



D. MEDICAL INFORMATION													
17. Admitting Diagnosis													
	ICD-9-CM Code	Description											
Admitting diagnosis													
18. Final diagnoses (up to 7 diagnoses including E-codes) (Enter ICD-9-CM codes as well as narrative if available.)													
Diagnosis	ICD-9-CM Code	Description		Present on admission									
Principal diagnosis				Yes     No       Unknown     Clinically undetermined       No information on face sheet       Yes     No					leet				
Diagnosis 2			Unknown Clinically undetermined No information on face shee						leet				
Diagnosis 3			Yes No Unknown Clinically undetermined No information on face shee					ieet					
Diagnosis 4							<ul> <li>Yes</li> <li>No</li> <li>Unknown</li> <li>Clinically undetermined</li> <li>No information on face sheet</li> </ul>						
Diagnosis 5				<ul> <li>Yes</li> <li>No</li> <li>Unknown</li> <li>Clinically undetermined</li> <li>No information on face sheet</li> </ul>						leet			
Diagnosis 6			<ul> <li>Yes</li> <li>No</li> <li>Unknown</li> <li>Clinically undetermined</li> <li>No information on face sheet</li> </ul>										
Diagnosis 7			<ul> <li>Yes</li> <li>No</li> <li>Unknown</li> <li>Clinically undetermined</li> <li>No information on face sheet</li> </ul>										
<b>19. Surgical and Diag</b>	nostic Proce	dures (up to 4 procedures) (Enter ICD-9-CM codes as we	ll as i	narrai	tive i	f avai	lable.	)					
Procedure	ICD-9-CM Code	Description	Mor	Date of Month Day			Procedure(s) Year						
Principal procedure													
Procedure 2													
Procedure 3													
Procedure 4													
□ No procedures													
Comments													
Completed by			Date										
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