

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

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.

A. PATIENT IDENTIFICATION

1. Hospital number, 2. HDS number, 3. (Item deleted), 4. Date of admission, 5. Date of discharge, 6. Residence ZIP Code

B. PATIENT CHARACTERISTICS

7. Date of birth, 8. Age, 9. Sex, 10. Ethnicity, 11. Race, 12. Marital status

C. ADMINISTRATIVE INFORMATION

13. Type of Admission, 14. Source of Admission, 15. Status/Disposition of patient, 16. Expected source(s) of payment

(Over)

## D. MEDICAL INFORMATION

### 17. Admitting Diagnosis

	ICD-9-CM Code	Description
<b>Admitting diagnosis</b>		

### 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
<b>Principal diagnosis</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Clinically undetermined <input type="checkbox"/> No information on face sheet
<b>Diagnosis 2</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Clinically undetermined <input type="checkbox"/> No information on face sheet
<b>Diagnosis 3</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Clinically undetermined <input type="checkbox"/> No information on face sheet
<b>Diagnosis 4</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Clinically undetermined <input type="checkbox"/> No information on face sheet
<b>Diagnosis 5</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Clinically undetermined <input type="checkbox"/> No information on face sheet
<b>Diagnosis 6</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Clinically undetermined <input type="checkbox"/> No information on face sheet
<b>Diagnosis 7</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Clinically undetermined <input type="checkbox"/> No information on face sheet

### 19. Surgical and Diagnostic Procedures (up to 4 procedures) (Enter ICD-9-CM codes as well as narrative if available.)

Procedure	ICD-9-CM Code	Description	Date of Procedure(s)							
			Month	Day	Year					
<b>Principal procedure</b>										
<b>Procedure 2</b>										
<b>Procedure 3</b>										
<b>Procedure 4</b>										

**No procedures**

Comments

Completed by

Date