

# National Hospital Discharge Survey Pretest

## SAMPLE LISTING SHEET

### PART A: Collecting Group Statistics and Determining Sampling Interval

**Notice** - Public reporting burden for this collection of information is estimated to average 14 minutes per sampled record, including 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 burden to: CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0212).

**Assurance of Confidentiality** -- All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

For detailed instructions and definitions of terms used in this form, please see Discharge Sampling Manual.

Hospital ID #: |\_\_| |\_\_| |\_\_| |\_\_|

Sampling Performed by: (check only one)     RTI Abstractor     Hospital Staff     NHDS Project Staff

Dates of Sampling Period: Start date: \_\_/\_\_/\_\_ End date: \_\_/\_\_/\_\_    Number of Months in Sampling Period: \_\_\_\_

Date Sampling Performed: |\_\_| |\_\_| - |\_\_| |\_\_| - |\_\_| |\_\_|    Name of person performing sampling: \_\_\_\_\_  
MM                      DD                      YY

**TABLE I**

	a. Did the hospital serve this group of patients during 2008?	b. Total Number of Discharges in this group during this sampling period (zero if 'No' to a.)	c. Number of cases targeted for sampling in this sampling period	d. Sampling Interval for this group ( b divided by c )	e. Number of cases actually sampled in this sampling period	f. Random start number
<b>Group 1:</b> Observation status cases	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Group 2:</b> Normal Newborn Infants	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Group 3:</b> Discharges with Acute Myocardial Infarction	<input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>Group 4:</b> In-Hospital Deaths	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Group 9:</b> All other Inpatient Discharges	<input type="checkbox"/> Yes <input type="checkbox"/> No					



NOTES: Please provide any information that will help us understand your experience with the sampling process, including any questions, concerns or unusual circumstances you encountered (for example, difficulty assigning numbers to discharges; trouble creating listings for specified time periods; problems with forming groups of discharges according to specifications (i.e. using patient characteristics, medical diagnosis codes, etc); problems ordering discharges within lists by discharge dates) →