OMB No. 0920-0212

FORM **HDS-1**
(4-11-2008)

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. Public reporting burden of this collection of information is estimated to average 5 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).

A. PATIENT IDENTIFICATION

1. Hospital number . . . . . ☐☐☐☐

2. HDS number . . . . . ☐☐☐☐

3. *(Item deleted)*

4. Date of admission . . . . . Month ☐☐ – Day ☐☐ – Year ☐☐☐☐

5. Date of discharge . . . . . Month ☐☐ – Day ☐☐ – Year ☐☐☐☐

6. Residence ZIP Code . . . . ☐☐☐☐☐

B. PATIENT CHARACTERISTICS

7. Date of birth — Month ☐☐ – Day ☐☐ – Year ☐☐☐☐

8. Age – Complete only if date of birth not given — Units ☐☐☐
1 ☐ Years
2 ☐ Months
3 ☐ Days

9. Sex – *Mark (X) one*
1 ☐ Male 2 ☐ Female 3 ☐ Not stated

10. Ethnicity – *Mark (X) one*
1 ☐ Hispanic or Latino 2 ☐ Not Hispanic or Latino 3 ☐ Not stated

11. Race – *Mark all that apply*
1 ☐ White
2 ☐ Black or African American
3 ☐ American Indian or Alaska Native
4 ☐ Asian
5 ☐ Native Hawaiian or Other Pacific Islander
6 ☐ Other – *Specify*
7 ☐ Not stated

12. Marital status – *Mark (X) one*
1 ☐ Married 3 ☐ Widowed 5 ☐ Separated
2 ☐ Single 4 ☐ Divorced 6 ☐ Not stated

C. ADMINISTRATIVE INFORMATION

13. Type of Admission – *Mark (X) one*
1 ☐ Emergency 3 ☐ Elective 5 ☐ Items not available/ unknown
2 ☐ Urgent 4 ☐ Newborn

14. Source of Admission – *Mark (X) one*
1 ☐ Physician referral
2 ☐ Clinical referral
3 ☐ HMO referral
4 ☐ Transfer from a hospital
5 ☐ Transfer from SNF
6 ☐ Transfer from other health facility
7 ☐ Emergency room
8 ☐ Court/Law enforcement
9 ☐ Other – *Specify*
10 ☐ Item not available

15. Status/Disposition of patient – *Mark (X) appropriate box(es)*

Status	Disposition
1 ☐ Alive →	**a.** ☐ Routine discharge/discharged home
	b. ☐ Left against medical advice
	c. ☐ Discharged, transferred to another short-term hospital
	d. ☐ Discharged, transferred to long-term care institution
	e. ☐ Other disposition/not stated
2 ☐ Died	
3 ☐ Status not stated	

16. Expected source(s) of payment

	Principal *Mark one only*	Other additional sources *Mark all that apply*
1. Worker's compensation	☐	☐
2. Medicare	☐	☐
3. Medicaid	☐	☐
4. Other government payments	☐	☐
5. Blue Cross/Blue Shield	☐	☐
6. HMO/PPO	☐	☐
7. Other private or commercial insurance	☐	☐
8. Self pay	☐	☐
9. No charge	☐	☐
10. Other –*Specify*	☐	☐
☐ No source of payment indicated		

(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			1 ☐ Yes 2 ☐ No 3 ☐ Unknown 4 ☐ Clinically undetermined 5 ☐ No information on face sheet
Diagnosis 2			1 ☐ Yes 2 ☐ No 3 ☐ Unknown 4 ☐ Clinically undetermined 5 ☐ No information on face sheet
Diagnosis 3			1 ☐ Yes 2 ☐ No 3 ☐ Unknown 4 ☐ Clinically undetermined 5 ☐ No information on face sheet
Diagnosis 4			1 ☐ Yes 2 ☐ No 3 ☐ Unknown 4 ☐ Clinically undetermined 5 ☐ No information on face sheet
Diagnosis 5			1 ☐ Yes 2 ☐ No 3 ☐ Unknown 4 ☐ Clinically undetermined 5 ☐ No information on face sheet
Diagnosis 6			1 ☐ Yes 2 ☐ No 3 ☐ Unknown 4 ☐ Clinically undetermined 5 ☐ No information on face sheet
Diagnosis 7			1 ☐ Yes 2 ☐ No 3 ☐ Unknown 4 ☐ Clinically undetermined 5 ☐ 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
Principal procedure					
Procedure 2					
Procedure 3					
Procedure 4					

☐ **No procedures**

Comments

Completed by	Date

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