

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 25 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).

FORM **HDS-5**
(9-12-2005)

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

SAMPLE LISTING SHEET

NATIONAL HOSPITAL DISCHARGE SURVEY

A. HOSPITAL		
1. Name		
2. Number	3. List used	
B. STATISTICAL DATA		
1. Total beds (excluding bassinets)	2. Total admissions (excluding newborn)	
3. Live births	4. Total discharges (including newborn)	
C. SAMPLING		
1. Month	2. Key	3. Number in sample
4. Sample selected by (Name and title)		Date

HDS number (1)	Date of discharge (or admission) (2)	Medical record number (3)	Other identification (4)		Date abstracted (or out-of scope reason) (5)
			Number if needed (such as patient ID, billing, etc.)	Names if needed	