

OMB No. 0910-XXXX

Expirate Date ____/____/____

General Questions

Please fill out the following general questions regarding your organization and the relevant data sources.

Survey Status

Current Page

0%

Total Survey

0%

1 What is the name of your organization?

Organization Name:

2 What is your organization type? (Please select all that apply)

gregator

Processor

ic Health Record Repository

Comments:

3 What is the name of your data source?

Data Source Name:

4 What types of electronic healthcare data are available?

-
-
-
-
-
-
-
-
-
-
-

Comments:

5 What is the time period covered?

	Month	Day	Year	
Start Date	1	1	YYYY	<i>Note: Manually enter year as YYYY</i>
End Date	1	1	YYYY	

Comments:

6 What care settings are included in the data source? (Please select all that apply)

-
-
-
-
-
-
-
-
-
-
-
-

Comments:

7 Which insured population(s) are included in the data source? (Please select all that apply)

-
-
-
-
-
-
-
-
-
-
-

Comments:

8 What geographies are covered in the data source? (Please select all that apply)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your data source covers more than one state, please describe the geographic distribution of the data.

Comments:

Public reporting burden for this collection of information is estimated to average 17.5 hours per response. 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 numbers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

**Department of Health and Human Services
Food and Drug Administration
Office of Information Management
1350 Piccard Drive, PI50
Rockville, MD 20850
OMB #__**

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Attributes of Each Data Type

Please fill out the questions for data attributes.

Survey Status	Current Page	<input type="text"/>	0%
	Total Survey	<input type="text"/>	0%

Please answer the data attribute question(s) regarding **Population Coverage**

1 What are the median and maximum length of time you have for any one patient in your data source?

Provide median length: months N/A Provide median length:

Provide maximum length: months Provide maximum length:

Comments:

2 What is the typical lag time between care provided and availability in your data source? If the lag time varies depending on the care setting, please specify duration by care setting.

Enter Care Setting:		Lag Time:	
Care Setting A:	<input type="text"/>	<input type="text"/>	days <input type="checkbox"/> N/A
Care Setting B:	<input type="text"/>	<input type="text"/>	days <input type="checkbox"/> N/A
Care Setting C:	<input type="text"/>	<input type="text"/>	days <input type="checkbox"/> N/A
Care Setting D:	<input type="text"/>	<input type="text"/>	days <input type="checkbox"/> N/A
Care Setting E:	<input type="text"/>	<input type="text"/>	days <input type="checkbox"/> N/A

Comments:

3 If applicable, what is the typical lag time for a claim to be adjudicated? If the lag time varies depending on the type of claim (e.g., pharmacy vs. inpatient medical), please specify the duration by type of claim.

	Enter Type of Claim:	Lag Time:	
Type of Claim A:	<input type="text"/>	<input type="text"/> days	<input type="checkbox"/> N/A
Type of Claim B:	<input type="text"/>	<input type="text"/> days	<input type="checkbox"/> N/A
Type of Claim C:	<input type="text"/>	<input type="text"/> days	<input type="checkbox"/> N/A
Type of Claim D:	<input type="text"/>	<input type="text"/> days	<input type="checkbox"/> N/A
Type of Claim E:	<input type="text"/>	<input type="text"/> days	<input type="checkbox"/> N/A

Comments:

4 How frequently is the data source updated?

Provide in days: days N/A

Provide in days:

Comments:

5 What is the total number of unique encounters for the most recent full year available?

Provide number of encounters: N/A

Provide number of encounters:

Comments:

6 What is the total number of unique patients for the most recent full year available?

Provide number of unique patients: N/A

Provide number of unique patients:

Comments:

7

What is the total number of prescriptions in the data source for the most recent full year available?

Provide number of prescriptions:

N/A

Provide number of prescriptions:

Comments:

8

What is the total number of lab results in the data source for the most recent full year available?

Provide number of lab results:

N/A

Provide number of lab results:

Comments:

9

How many hospitals are included in the data source for the most recent full year available?

Provide number of hospitals:

N/A

Provide number of hospitals:

Comments:

10

What is the total number of admissions for the most recent full year available?

Provide number of admissions:

N/A

Provide number of admissions:

Comments:

11

How many physicians are in the data source for the most recent full year available?

Provide number of physicians:

N/A

Provide number of physicians:

Comments:

12

How many group practices are included in the data source for the most recent full year available? A group practice is defined as practices of more than one physician sharing a common Tax ID.

Provide number of group practices:

N/A

Provide number of group practices:

Comments:

13

Is there a specific demographic group that is well represented in your patient population? (e.g., pediatrics)

N/A

Please describe:

14

What percentage of your population has health insurance that includes a prescription benefit?

Provide number of prescriptions:

N/A

Provide number of prescriptions:

Comments:

15

Can you identify pregnancy occurrences in your data source?

Select: Yes No N/A

Comments:

Please answer the data attribute questions regarding **Structure and Coding**

16 Is the data source structured in flat files or a relational database?

-
-
-

Comments:

17 What standard coding sets/standard controlled terminologies do you use?

Please describe:

N/A

18 What is your process for remaining compliant with emerging national standards? (e.g., emerging standards from Health Information Technology Standards Panel)

Please describe:

N/A

19 What standardized drug dictionary is used to represent all drug data elements, particularly Trade and Generic names?

Please describe:

N/A

20 Are there local conventions to represent Trade or Generic names?

Please describe:

N/A

21 Are prescription drugs, over the counter drugs, and supplements reported using a standardized drug dictionary? If so, which one?

Please describe:

N/A

Please answer the data attribute question(s) regarding **Data Linkage Capabilities**

22 Does each unique individual have more than one identification number (ID) in your system?

Select: Yes No N/A

If so, are you able to link these multiple IDs together?

Comments:

23 Does your system(s) interface with registries?

Select: Yes No N/A

If Yes, please give details:

24 Does your system(s) interface with biospecimen management and tracking systems?

Select: Yes No N/A

If Yes, please give details:

25 Does your system(s) interface with the medical examiner/coroner's office?

Select: Yes No N/A

If Yes, please give details:

26 Does your system(s) interface with medical image management and tracking systems?

Select: Yes No N/A

If Yes, please give details:

27 Does your system(s) interface with electronic prescribing systems?

Select: Yes No N/A

If Yes, please give details:

28 Does your system(s) interface with personal health record systems? (e.g., Google Health, Microsoft HealthVault, WebMD, MyHealthVet, etc.)

Select: Yes No N/A

If Yes, please give details:

29 Does your system(s) interface to vital statistics? (e.g., birth and death records)

Select: Yes No N/A

If Yes, please give details:

30 What industry standards do you use for storage and exchange of clinical data? (Please select all that apply)

-
-
-
-
-
-
-
-

ical Document Standard (CDA)

ument (CCD)

Comments:

Please answer the data attribute question(s) regarding **Data Validation Capability**

31 For systems that do not contain electronic health records, please describe any processes you have in place to validate information in your system.

Please give details:

N/A

Please answer the data attribute question(s) regarding **Medication Reconciliation Capability**

32 Do you have Clinical Decision Support software or homegrown logic in place to identify drug-drug interactions?

Select: Yes No N/A

If Yes, please give details:

Please answer the data attribute question(s) regarding **Devices**

33 Are all devices included?

Select: Yes No N/A

If "No" what subset of devices are included?

34 Where is the device information captured? (e.g., at hospital purchasing department, in operating suites via bar code reader, in Electronic Health Record)

Please describe: N/A

35 Is the device information linked to medical records?

Select: Yes No N/A

Comments:



36 Can the device information be linked to medical records?

Select: Yes No N/A

Comments:

37 Is the device information linked to claims data?

Select: Yes No N/A

Comments:

38 Can the device information be linked to claims data?

Select: Yes No N/A

Comments:

Please answer the data attribute question(s) regarding **Clinical Trials and Research**

39

Is there a field in your databases that identifies if the patient is/was enrolled in a clinical trial; and provides a reference to the trial?

Select: Yes No N/A

If Yes, please describe:

40

Is your organization a member of / does it contribute to any clinical research networks? (e.g., National Cancer Institute Cooperative Groups, research networks, practice networks, private networks)

Select: Yes No N/A

If Yes, please specify:

Please answer the data attribute question(s) regarding **Uses of the Data for Population Health**

41 What are prior and current uses of the data for population health?

Describe uses for pharmacovigilance, pharmacoepidemiology, pharmacoeconomics, administrative purposes, quality assessment/improvement, academic/industry research, clinical research, health services research, and/or other research:

Please specify any representative publications:

42

What barriers, if any, exist for your organization to participate in the Sentinel Initiative? (e.g. privacy and/or security concerns related to the use of electronic health data; resource concerns related to the availability, experience and interest of investigators at your organization in using electronic health data for post-market product surveillance within a distributed data system; compatibility of existing operations and/or business models with participation in a distributed data system for post market safety surveillance; conflict with commercial interests of data sources, etc.)

Please describe:

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Data Availability

For each question, unless otherwise noted, please indicate whether or not the Field / Data Type is available in your data sources and the % of missing or unknown (e.g. dummy values) for that Field / Data Type.

Survey Status	Current Page	<input type="text"/>	0%
	Total Survey	<input type="text"/>	0%

Field / Data Type Category: General

	Field / Data Type	Is the field available?			missing or unknown	
1	Unique Patient Identifier	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
2	Patient Zip Code	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
3	Unique Provider Identifier	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
4	National Provider Identifier	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
5	Provider Specialty	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
If Yes, what type of provider specialty codes are you using? (Please select all that apply)						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="text"/>						
Comments:						
<input type="text"/>						
6	Unique Encounter Identifier	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
7	Date of Service	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%

Provide any comments for the **General** category

Enter comments:

Field / Data Type Category: Demographics

	Field / Data Type	Is the field available?			missing or unknown	
8	Birth Year	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
9	Gender	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
10	Race/Ethnicity	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
11	Year of Death	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%

Provide any general comments about the **Demographic** category

Enter comments:

Field / Data Type Category: Insurance Coverage

	Field / Data Type	Is the field available?			missing or unknown	
12	Population Type (e.g., Medicare, Commercial, Self Insured)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
13	Benefit Coverage (e.g., medical benefit and Rx formulary indicators)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
14	Formulary Benefits Structure					

Are you able to provide the patient-level formulary benefits structure?

Select: Yes No

Comments:

Provide any comments for the **Insurance Coverage** category

Enter comments:

Field / Data Type Category: Conditions/Diagnosis

Field / Data Type	Is the field available?	missing or unknown
15 Primary Diagnosis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
16 Primary Discharge Diagnosis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
17 Secondary Diagnoses	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%

If Yes, how many secondary diagnoses fields are available?

Provide number of secondary diagnoses fields: of secondary diagnoses fields:

Comments:

18 Secondary Discharge Diagnosis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
----------------------------------	--	---

If Yes, how many secondary discharge diagnoses fields are available?

Provide number of secondary discharge diagnoses fields: of secondary discharge diagnoses fields:

Comments:

19 Type of Coding System

What coding system(s) do you use? (Please select all that apply)

-
-
-
-
-
-
-
-

own

1

Comments:

20

Disease Severity

Yes No N/A

%

If Yes, what type of severity system do you use?

Please describe:

21

Pregnancy Status

Yes No N/A

%

Provide any comments for the [Conditions/Diagnosis](#) category

Enter comments:

Field / Data Type Category: Drug Prescribing/Administration Data

Field / Data Type	Is the field available?	missing or unknown
22 Drug Generic Name	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
23 Drug Trade Name	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
24 Unit of Measure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
25 Unique Encounter Identifier	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
26 Unique Ingredient Identifier	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
27 Formulary Status (i.e., do you have a flag to indicate the drug is included/excluded in various formularies?)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
28 Dosage Strength	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
29 Route of Delivery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
30 Drug Dose	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
31 Quantity Prescribed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
32 Prescriber Identifier	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
33 Prescribing Physician Specialty	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
34 Indication for Therapy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
35 SIG Specification	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
36 Dates of Administration	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
37 Stop Order	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
38 Drug & Primary Packaging Integrity	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%

Provide any comments for the **Drug Prescribing/Administration Data** category

Enter comments:

Field / Data Type Category: Drug Dispensing Data

Field / Data Type	Is the field available?	missing or unknown
39 Drug Generic Name	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
40 Drug Trade Name	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
41 NDC Code	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
42 Drug Coding System	<p>What coding system(s) do you use? (Please select all that apply)</p> <p><input type="checkbox"/> First DataBank (NDDF)</p> <p><input type="checkbox"/> NDF-RT</p> <p><input type="checkbox"/> Multum</p> <p><input type="checkbox"/> RxNorm</p> <p><input type="checkbox"/> Other</p> <p>Comments:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
43 Manufacturer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
44 Lot Number	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
45 Date Dispensed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
46 Expiration Date	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
47 Quantity Dispensed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
48 Days Supplied	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
49 Unit of Measure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
50 Unique Encounter Identifier	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
51 Unique Ingredient Identifier	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
52 Formulary Status (i.e., do you have a flag to indicate the drug is included/excluded in various formularies?)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
53 Dosage Strength	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
54 Route of Delivery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
55 Indication for Therapy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
56 SIG Specification	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%

57	Drug Dose	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
58	Duration of Drug Therapy	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
59	Instructions for Use	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
60	Prescriber Identifier	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
61	Prescribing Physician Specialty	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
62	Pharmacy Identifier	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
63	Refill Indicator	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
64	Emergency Department Drugs					

Where are medications that are administered in the Emergency Department recorded?

Provide any comments for the **Drug Dispensing Data** category

Enter comments:

Field / Data Type Category: Other Drug Data

	Field / Data Type	Is the field available?			missing or unknown	
65	Previous Therapies	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
66	Concurrent Drug Therapies	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
67	Over the Counter (OTC) Drugs	<p>Do you capture OTC Drug data? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If you capture OTC data, which fields do you capture?</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Are the fields structured or free text?</p> <p><input type="radio"/> Structured <input type="radio"/> Free Text <input type="radio"/> Both</p> <p>Comments:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				
68	Prescriptions Not Filled	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
69	Reason Drug Discontinued, If Discontinued	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
70	Days Between Dispensing	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%

Provide any comments for the **Other Drug Data** category

Enter comments:

Field / Data Type Category: Vaccines

	Field / Data Type	Is the field available?			missing or unknown	
71	Manufacturer	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
72	Lot Number	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%

Provide any comments for the **Vaccines** category

Enter comments:

Field / Data Type Category: Other Biologics

	Field / Data Type	Is the field available?			missing or unknown	
73	Manufacturer	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
74	Lot Number	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%

Provide any comments for the **Other Biologics** category

Enter comments:

Field / Data Type Category: Hospital-Based Care

	Field / Data Type	Is the field available?			missing or unknown	
75	Encounter/Admission Date	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
76	Discharge Date	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
77	Length of Stay	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
78	Primary Discharge Diagnosis	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
79	Days Spent in Intensive/Critical Care Unit	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
80	Admission Source	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
81	Discharge Disposition	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%

Provide any comments for the **Hospital-Based Care** category

Enter comments:

Field / Data Type Category: **Devices**

	Field / Data Type	Is the field available?			missing or unknown	
82	Product Code	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
83	Device Type	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
84	Manufacturer/Brand	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
85	Model	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
86	What is electronically captured that identifies devices specifically? (at least at the level of the manufacturer)					
	Please describe:					

Provide any comments for the **Devices** category

Enter comments:

Field / Data Type Category: Procedures (Outpatient and Inpatient)

Field / Data Type	Is the field available?	missing or unknown
87 Procedure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
88 Type of Coding System	What coding system(s) do you use? (Please select all that apply)	
<input type="checkbox"/>	Category 1 CPT Codes	
<input type="checkbox"/>	Performance Measurement) Category 2 CPT Codes (Performance Measurement)	
<input type="checkbox"/>	Emerging Technologies) Category 3 CPT Codes (Emerging Technologies)	
<input type="checkbox"/>	HCPCS Codes	
<input type="checkbox"/>	ICD-9 Procedure Codes	
<input type="checkbox"/>	SNOMED	
<input type="checkbox"/>	LOINC	
<input type="checkbox"/>	Other	
Comments:		
<input type="text"/>		
89 Procedure Date	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%

Provide any comments for the **Procedures (Outpatient and Inpatient)** category

Enter comments:

Field / Data Type Category: Test Data/Result Data

Field / Data Type	Is the field available?	missing or unknown
90 Ordered Test If Yes, what coding system(s) do you use? (Please select all that apply) <input type="checkbox"/> <input type="checkbox"/> _____ Comments: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
91 Date Ordered If Yes, what coding system(s) do you use? (Please select all that apply) <input type="checkbox"/> <input type="checkbox"/> _____ Comments: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
92 Date of Test If Yes, what coding system(s) do you use? (Please select all that apply) <input type="checkbox"/> <input type="checkbox"/> _____ Comments: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
93 Date of Results If Yes, what coding system(s) do you use? (Please select all that apply) <input type="checkbox"/> <input type="checkbox"/> _____ Comments: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
94 Test Results (actual test results) If Yes, what coding system(s) do you use? (Please select all that apply) <input type="checkbox"/> <input type="checkbox"/> _____ Comments: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
95 Blood Cell Counts	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
96 Electrolytes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
97 Lipids	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
98 Glucose	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
99 Urinalysis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
100 Liver Biochemistry	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
101 Coagulation	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
102 Renal Function (Serum Creatinine)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
103 Microbiology	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%

104 Imaging

Yes No N/A

%

If Yes, what coding system(s) do you use?

Provide any comments for the **Test Data/Result Data** category

Enter comments:

Field / Data Type Category: Vital Signs

	Field / Data Type	Is the field available?			missing or unknown	
105	Date of Measurement	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
106	Time of Measurement	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
107	Height	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
108	Weight	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
109	BMI Indicator	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
110	Blood Pressure	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
<p>If Yes, do you track systolic and diastolic data in separate data fields?</p> <p>Select: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Comments:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>						
111	Orthostatic Blood Pressure Measurement	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
112	Temperature	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
113	Heart Rate	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
114	Respiratory Rate	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%

Provide any comments for the **Vital Signs** category

Enter comments:

Field / Data Type Category: General Medical History

Field / Data Type	Is the field available?	missing or unknown
115 Medical Product Allergies (i.e., prescription drug, over the counter, devices, etc.)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
If you capture medical product allergies, which data elements do you capture? <div style="border: 1px solid black; height: 60px; width: 100%;"></div>		
Is the information structured or free text? <input type="radio"/> Structured <input type="radio"/> Free Text <input type="radio"/> Both		
Comments: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
116 Other Allergies (i.e., dietary supplements, food, food additives, cosmetics, etc.)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
If you capture other allergies, which data elements do you capture? <div style="border: 1px solid black; height: 60px; width: 100%;"></div>		
Is the information structured or free text? <input type="radio"/> Structured <input type="radio"/> Free Text <input type="radio"/> Both		
Comments: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
117 Past Medical Conditions	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
118 Existing Medical Conditions	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
119 Family Medical History	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
120 Smoking Status	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
121 Alcohol Use	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
122 Illicit Drug Use	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
123 Quality of Life Scores	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%

124	Activities of Daily Living	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%
125	Special Diets	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		%

Provide any comments for the **General Medical History** category

Enter comments:

Field / Data Type Category: Availability of Data on Implant Associated Procedures

Field / Data Type	Is the field available?	missing or unknown
126 Physician Experience	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
127 Procedure Volume	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%
128 Technique	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	%

Provide any comments for the **Availability of Data on Implant Associated Procedures** category

Enter comments:

Field / Data Type Category: Dietary Supplements, Food, Food Additives, Cosmetics, and Infant Formula

Field / Data Type

129 Dietary Supplements

Do you capture dietary supplements data? Yes No

If you capture dietary supplements data, which fields do you capture?

Are the fields structured or free text?

Structured Free Text Both

Comments:

130 Food

Do you capture food data? Yes No

If you capture food data, which fields do you capture?

Are the fields structured or free text?

Structured Free Text Both

Enter comments:

131 Food Additives

Do you capture food additives data? Yes No

If you capture food additives data, which fields do you capture?

Is the information structured or free text?

Structured Free Text Both

Comments:

132 Cosmetics

Do you capture cosmetics data? Yes No

If you capture cosmetics data, which fields do you capture?

Is the information structured or free text?

Structured Free Text Both

Comments:

133 Infant Formula

Do you capture infant formula data? Yes No

If you capture infant formula data, which fields do you capture?

Is the information structured or free text?

Structured Free Text Both

Comments:

Provide any comments for the **Dietary Supplements, Food, Food Additives, Cosmetics, and Infant Formula** category

Enter comments:

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Food and Drug Administration
Office of Information Management
1350 Piccard Drive, PI50
Rockville, MD 20850
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