

FORM  
(10-1-2003)**NHAMCS-902**U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
ACTIVE AS DATA COLLECTION AGENT FOR THE  
U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention  
National Center for Health Statistics**NOTICE** - Public reporting burden of this collection of information is estimated to average 2 hours 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 CDA/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0278).**HOSPITAL CAPACITY CARD  
National Hospital Ambulatory  
Medical Care Survey 2004 Panel****Assurance of confidentiality** - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).**BACKGROUND INFORMATION**

<b>A.</b> Hospital name		<b>B.</b> Hospital number	
<b>C.</b> Hospital contact name		<b>D.</b> Hospital contact telephone	Area code   Number
<b>E.</b> Census contact name		<b>F.</b> Census contact telephone	Area code   Number

**HOSPITAL CAPACITY**

The following question is on hospital capacity.

**1. As of last week, how many beds, both licensed and staffed, did your hospital have?**

- Enter "0," if your hospital does not have this type of bed.
- Enter "N," if the data are not available.

**a. Total INPATIENT** hospital beds**b.** Critical care (e.g., ICU/PICU/CCU/PACU)**c.** Acute (e.g., Med/Surg, Pediatric)**d.** Intermediate (e.g., step-down) and telemetry (including portable units)**e.** Psychiatric**f.** Labor and delivery, antepartum, and postpartum**g.** Newborn nursery and NICU**h.** Rehabilitation, long-term care, and skilled nursing facility**i.** Other

	Number of inpatient beds	
	Licensed beds (under certificate of need) (a)	Staffed beds (b)
a. Total INPATIENT hospital beds		
b. Critical care (e.g., ICU/PICU/CCU/PACU)		
c. Acute (e.g., Med/Surg, Pediatric)		
d. Intermediate (e.g., step-down) and telemetry (including portable units)		
e. Psychiatric		
f. Labor and delivery, antepartum, and postpartum		
g. Newborn nursery and NICU		
h. Rehabilitation, long-term care, and skilled nursing facility		
i. Other		

**REMARKS**

## HOSPITAL CENSUS AND OPEN BEDS

2. For each day of the 4-week reporting  /  / 0  to  /  / 0 4 , record your hospital's census (i.e., the number of occupied beds) and the number of open or empty beds (i.e., staffed and available beds) at MIDNIGHT. Exclude rehab, long term care, labor and delivery, nursery, and post-partum beds.

	Week 1 <input type="text"/> / <input type="text"/> Month Day Start (a)		Week 2 <input type="text"/> / <input type="text"/> Month Day Start (b)		Week 3 <input type="text"/> / <input type="text"/> Month Day Start (c)		Week 4 <input type="text"/> / <input type="text"/> Month Day Start (d)	
	Census	Open/ Empty beds	Census	Open/ Empty beds	Census	Open/ Empty beds	Census	Open/ Empty beds
	<b>a.</b> Monday							
<b>b.</b> Tuesday								
<b>c.</b> Wednesday								
<b>d.</b> Thursday								
<b>e.</b> Friday								
<b>f.</b> Saturday								
<b>g.</b> Sunday								

### REMARKS

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