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ACME Input Record Format 2003

| Position | Variable | Item# | Name | Format | | Code Structure Description |
|----------|----------------------------------|-------|---------|--------|---|---|
| 1 - 4 | Date of DeathYear | 29 | DOD_YR | 4 | | Year of Death (numeric) |
| | | | | | | Alpha - see FIPS table 5-2; NCHS Part 8 |
| 5 - 6 | State of Death | 16 | ST_OCC | \$2 | | Instruction Manual |
| 7 - 12 | Certificate Number | | CERT_# | 6 | | left 0 filled; 000001-999999 |
| 13 | coder status | | CS | 1 | | Numeric, Valid codes: 0 - 9 |
| | | | | | | NCHS ID Information. Numeric, 0001 - 9999. |
| 14 - 17 | lot | | LOT | 4 | | (States commonly use "book number" |
| 18 | section number | | SECT | 1 | | NCHS ID Information. Numeric, 0 - 9 |
| | | | | | | NCHS ID Information. Alpha\Numeric. Usually |
| 19 - 21 | shipment number | | SHIP | \$3 | | month of death or month of receipts |
| | Receipt Date Inserted at NCHS | | | | | · |
| 22 - 23 | NCHS receipt dateMonth | | REC_MO | \$2 | | 01-12, blank |
| 24 - 25 | NCHS receipt date Day | | REC_DY | \$2 | | 01-31, blank |
| 26 - 29 | NCHS receipt dateYear | | REC_YR | \$4 | | >=year of death, blank |
| | | | | | | Computer Generated. Version number of |
| 30 - 33 | PGM version control - SuperMICAR | | VER_SM | 4 | | SuperMICAR |
| | | | | | | Computer Generated. Version number of |
| 34 - 37 | PGM version control - MICAR200 | | VER_200 | 4 | | MICAR200 |
| 38 | Age: units | 4 | AGETYPE | 1 | 1 | Years |
| | | | | | 2 | Months |
| | | | | | _ | Weeks |
| | | | | | 4 | Days |
| | | | | | | Hours |
| | | | | | 6 | Minutes |
| | | | | | 9 | Unknown |
| 39-41 | Age: number of units | 4 | AGETYPE | 3 | | 001 - 135, 999 |
| 42 | Manner of Death | 37 | MANNER | \$1 | N | Natural |
| | | | | | Α | Accident |
| | | | | | S | Suicide |
| | | | | | Н | Homicide |
| | | | | | Р | Pending Investigation |
| | | | | | С | Could not be determined |
| | | | | | | Blank |
| _ | | | | | | 1 - 5, 9, or blank. See NCHS instruction Manual |
| 43 | Intentional reject | | INT_REJ | \$1 | | Part 2b for code structure |
| 44 | ACME system reject codes | | SYS_REJ | \$1 | 1 | MICAR Reject - dictionary match |

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|-----------|---|---------|--------------|----------|---|---|
| i osition | Variable | Itelli# | Ivaille | Torritat | | ACME reject |
| | | | <u> </u> | | | MICAR Reject - Rule Application |
| | | | | | | Reviewed |
| | | | | | | Not Rejected |
| | | | | | U | · |
| 45 | Discontinuo (IODAO es des) | 4.0 | INLIDI | 0.4 | _ | blank |
| 45 | Place of Injury (ICD10 codes) Computer generated if file | 40 | INJPL | \$1 | 0 | Home |
| | | | | | | Decidential Institution |
| | generated by MICAR200 | | | | 1 | Residential Institution |
| | Codes assigned manually or by | | | | | |
| | system other then MICAR | | | | | School, Other Institutions, Administrative Area |
| | | | | | | Sports and Recreation Area |
| | | | | | | Street/Highway |
| | | | | | 5 | Trade and Service Area |
| | | | | | 6 | Industrial and Construction Area |
| | | | | | 7 | Farm |
| | | | | | 8 | Other specified Place |
| | | | | | 9 | Unspecified Place |
| | | | | | | Blank |
| | | | | | | From Input; blank if not coded. 5th position |
| 46 - 50 | manual underlying cause code | | MAN UC | \$5 | | reserved for use if ICD becomes 5-digit code |
| | | | _ | | | 120 positions. For coding instructions, refer to |
| | | | | | | Part 2b manual; for data entry instructions refer |
| 51 - 170 | Entity Axis Codes | 32 | EAC FF | \$120 | | to Part 2d Instructional Manual |
| 171 | Was an Autopsy Performed? | | AUTOP | | Υ | Yes |
| | | | | | N | No |
| | | | | | U | Unknown |
| 172 | Were Autopsy Findings Available to | 34 | AUTOPY | \$1 | Y | Yes |
| 112 | Complete the Cause of Death? | | | Ψ. | N | No |
| | Complete the edges of Bedain. | | <u> </u> | | Ü | Unknown |
| | | | | | X | Not Applicable: Computer generated |
| | Did Tobacco Use Contribute to | | | | ^ | Not Applicable. Computer generated |
| 173 | Death? | 35 | TOBAC | \$1 | Υ | Yes |
| 1/3 | Death: | 30 | TOBAC | ا ب | N | No |
| | + | | | | P | Probably |
| | | | ļ | | | Unknown |
| | <u> </u> | ļ | | | U | |
| | | | | | С | Not on certificate |

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|-----------|-------------------------------------|-------|------------|--------|---|---|
| 174 | Pregnancy | 36 | PREG | 1 | | Not pregnant within past year |
| | | | | | 2 | Pregnant at the time of death |
| | | | | | | Not pregnant, but pregnant within 42 days of |
| | | | | | 3 | death |
| | | | | | | Not pregnant, but pregnant 43 days to 1 year |
| | | | | | | before death |
| | | | | | 9 | Unknown if pregnant within last year |
| | | | | | 8 | Not Applicable: Computer generated |
| | | | | | 7 | Not on certificate |
| | | | PREG_BYPAS | | | |
| 175 | If FemaleEdit Flag: From EDR only | | S | \$1 | 0 | Edit Passed |
| | | | | | 1 | Edit Failed, Data Queried, and Verified |
| | | | | | 2 | Edit Failed, Data Queried, but not Verified |
| | | | | | | Blank |
| 176-177 | Date of InjuryMonth | 38 | DOI MO | \$2 | | 01 - 12, 99 blank |
| 178-179 | Date of InjuryDay | 38 | DOI DY | \$2 | | 01 - 31, 99, blank |
| 180 - 183 | Date of InjuryYear | 38 | DOI YR | \$4 | | 4-digit year, 9999, blank |
| 184 - 187 | Time of Injury | 39 | TOI HR | \$4 | | 0000 - 2359, 9999, blank |
| 188 | Injury at Work? | 41 | WORKINJ | \$1 | Υ | Yes |
| | | | | | N | No |
| | | | | | U | Unknown |
| | | | | | | Blank |
| | | | | | Х | Not Applicable: Computer generated |
| 189 - 218 | Title of Certifier | 45 | CERTL | \$30 | D | Certifying Physician |
| | | | | | Р | Pronouncing and Certifying Physician |
| | | | | | M | Medical Examiner/Coroner |
| | | | | | | Enter Full Text for Other Individual Legally |
| | | | | | | Allowed to Certify |
| | Activity at Time of death: Computer | | | | | |
| 219 | Generated | | INACT | \$1 | 0 | While engaged in sports activity |
| | | | | | 1 | While engaged in leisure activities |
| | | | | | | While working for income |
| | | | | | 3 | While engaged in other types of work |
| | | | | | | While resting, sleeping, eating, or engaging in |
| | | | | | 4 | other vital activities |
| | | | | | 8 | While engaged in other specified activities |

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| | | | | | 9 | During unspecified activity |
| | | | | | | blank |
| 220 - 231 | Auxiliary State file number | | AUXNO | \$12 | | 00000000001-99999999999; blank |
| | | | | | | Optional. Any information entered through |
| 232 - 261 | State Specific Data | | STATESP | \$30 | | SuperMICAR for state use only. |