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 4 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-1** 9-9-2005)

## 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

## **MEDICAL ABSTRACT - NATIONAL HOSPITAL DISCHARGE SURVEY**

MEDICAL ABSTRACT - NATIONAL HOSPITAL DISCHARGE SURVEY										
A. PATIENT IDENTIFICATION										
<b>2.</b> HDS number	Month Day Year  ate of admission									
B. PATIENT CHARACTERISTICS										
7. Date of birth  Month  Day  Year  Units  1 Years  2 Months 3 Days	11. Race – Mark all that apply  1 ☐ White 6 ☐ Other – Specify  2 ☐ Black or     African American 3 ☐ American Indian     or Alaska Native 4 ☐ Asian 5 ☐ Native Hawaiian									
9. Sex – <i>Mark (X) one</i> 1 ☐ Male 2 ☐ Female 3 ☐ Not stated	or Other Pacific 7 □ Not stated Islander									
10. Ethnicity – Mark (X) one  1  Hispanic 2 Not Hispanic 3 Not stated or Latino or Latino    12. Marital status – Mark (X) one  1  Married 3 Widowed 5 Separated 2 Single 4 Divorced 6 Not stated										
C. ADMINISTRATIVE INFORMATION										
<b>13.</b> Type of Admission − <i>Mark (X) one</i> 1 □ Emergency 3 □ Elective 5 □ Items not available/ 2 □ Urgent 4 □ Newborn unknown <b>14.</b> Source of Admission − <i>Mark (X) one</i>	16. Expected source(s) of payment  Principal  Principal  Mark one only  Other additional sources  Mark all that									
1 ☐ Physician referral 2 ☐ Clinical referral 3 ☐ HMO referral 4 ☐ Transfer from a hospital 5 ☐ Transfer from SNF 6 ☐ Transfer from other health facility  The second of the strength of the s	1. Worker's compensation                       2. Medicare                     3. Medicaid                     4. Other government payments                     5. Blue Cross/Blue Shield                     6. HMO/PPO									
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	7. Other private or commercial insurance									
2 ☐ Died 3 ☐ Status not stated	□ No source of payment indicated									

(Over)

	D. MEDICAL INFORMATION								
17	7. Final Diagnoses (including E-code diagnoses) (Enter ICD-9-CM codes as well as narrative if av	ailable	e)						
	Principal:								
	Other/additional:								
	Other/additional.								
18	Surgical and Diagnostic Procedures (Enter ICD-9-CM codes as well as narrative if available)			Date	of pro	cedu	re(s)		
	available)		Month Day			Year			
		1 1							
	Principal:								
	Principal:  Other/additional:								
	Other/additional:								
Co		Date							

Page 2 FORM HDS-1 (9-9-2005)