

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.

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

A. PATIENT IDENTIFICATION

1. Hospital number, 2. HDS number, 3. (Item deleted), 4. Date of admission, 5. Date of discharge, 6. Residence ZIP Code

B. PATIENT CHARACTERISTICS

7. Date of birth, 8. Age - Complete only if date of birth not given, 9. Sex - Mark (X) one, 10. Ethnicity - Mark (X) one, 11. Race - Mark all that apply, 12. Marital status - Mark (X) one

C. ADMINISTRATIVE INFORMATION

13. Type of Admission - Mark (X) one, 14. Source of Admission - Mark (X) one, 15. Status/Disposition of patient - Mark (X) appropriate box(es), 16. Expected source(s) of payment

(Over)

D. MEDICAL INFORMATION

17. Final Diagnoses (including E-code diagnoses) (Enter ICD-9-CM codes as well as narrative if available)

Principal: _____

Other/additional: _____

18. Surgical and Diagnostic Procedures (Enter ICD-9-CM codes as well as narrative if available)

Date of procedure(s)

Month		Day		Year		

Principal: _____

Other/additional: _____

NONE

Completed by _____

Date _____