INSTRUCTIONS: The Common Hospital Information Form is completed for any hospital record abstraction for HRA, HF, or STR.

0.a. Hospital code number: [ ]

0.b. Medical Record Number: [ ]

0.c. Date of discharge (for nonfatal case) or death:
   Month [ ] Day [ ] Year [ ]
SECTION I: DISCHARGE CODES, TRANSFER STATUS, DEMOGRAPHIC DATA

1.a. Primary admission diagnosis:

[Specify if diagnosis is not ICD coded]

1.b. Primary discharge diagnosis:

[Specify if diagnosis is not ICD coded]

2. Record the ICD-CM diagnoses and procedure codes from the hospital discharge index (or Eligibility Form):

<table>
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<th>2a.</th>
<th>2a1.</th>
<th>2b.</th>
<th>2b1.</th>
<th>2c.</th>
<th>2c1.</th>
<th>2d.</th>
<th>2d1.</th>
<th>2e.</th>
<th>2e1.</th>
<th>2f.</th>
<th>2f1.</th>
<th>2g.</th>
<th>2g1.</th>
<th>2h.</th>
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<td>2l.</td>
<td>2l1.</td>
<td>2m.</td>
<td>2m1.</td>
<td>2n.</td>
<td>2n1.</td>
<td>2o.</td>
<td>2o1.</td>
<td>2p.</td>
<td>2p1.</td>
<td>2q.</td>
<td>2q1.</td>
<td>2r.</td>
<td>2r1.</td>
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<tr>
<td>2s.</td>
<td>2s1.</td>
<td>2t.</td>
<td>2t1.</td>
<td>2u.</td>
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<td>2v.</td>
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<td>2w.</td>
<td>2w1.</td>
<td>2x.</td>
<td>2x1.</td>
<td>2y.</td>
<td>2y1.</td>
<td>2z.</td>
<td>2z1.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Sex:
   M..........Male
   F......... Female

4. Race or ethnic group:
   White..................................................W
   Black/African American............................B
   Native Hawaiian or Other Pacific Islander......H
   Asian........................................................S
   American Indian/Native Alaskan..................I
   Other....................................................O (If other specify)
   Unknown/not recorded................................U

4.a. Hispanic or Latino origin?
   Yes.........................Y
   No............................ N
   Unknown............... U

5.a. Does this person have health insurance?
   Yes..................... Y
   No...................... N
   Unknown............... U

*Questions 5b1, 5b2 deleted*

5b.3. Does this person have Medicaid insurance?
   Yes.................... Y
   No..................... N
   Unknown............... U

6.a. Date of arrival at this hospital

   Month / Day / Year

   b. Arrival at this hospital (24-hour clock) ..........

    [ ] : [ ]

7. Did an emergency medical service unit transport the patient to this hospital?
   Yes..................... Y
   No..................... N
   Unknown............... U
TRANSFER INFORMATION

8.a. Was the patient transferred from or to another acute care hospital?
   Yes……………Y
   No…………… N ➔ Go to item 10.
   Unknown…… U ➔ Go to item 10.

8.b. Was this an in-catchment hospital?
   Yes……………Y
   No…………… N

b.1. Hospital Code: __________ If 96 - 99, specify:

   Hospital Name: ____________________________
   City and State: ____________________________

8.c. Date of admission to that hospital (mm-dd-yyyy):……

8.d. Was this an in-catchment hospital?
   Yes……………Y
   No…………… N ➔ Go to item 10.

8.d. Was this an in-catchment hospital?
   Yes……………Y
   No…………… N

d.1. Hospital Code: __________ If 96 - 99, specify:

   Hospital Name: ____________________________
   City and State: ____________________________

8.e. Date of admission to that hospital (mm-dd-yyyy):……

*Question 9 deleted*
10. Discharge diagnoses Transcribed (as they appear on front sheet of medical record and/or discharge summary)?
   Yes (Y)* or No (N)
   [If Yes, specify on notelog]
SECTION II: ADMINISTRATIVE INFORMATION

11. Abstractor number: ..................

12. Date abstract completed (mm/dd/yyyy) : ......

13. Source of information abstracted:

   Medical Record (Paper chart).......................... P
   Medical Record (Electronic chart)...................... E
   Medical Record (Both paper and electronic chart).... B