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FORM **HDS-1**
(11-16-2000)

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	<input type="text"/>	4. Date of admission	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>
2. HDS number	<input type="text"/>	5. Date of discharge	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>
3. Medical record number	<input type="text"/>	6. Residence ZIP Code	<input type="text"/>		

B. PATIENT CHARACTERISTICS

7. Date of birth	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>	11. Race - Mark all that apply 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 6 <input type="checkbox"/> Other - Specify <input type="text"/> 7 <input type="checkbox"/> Not stated
8. Age - Complete only if date of birth not given	Units <input type="text"/>	1 <input type="checkbox"/> Years 2 <input type="checkbox"/> Months 3 <input type="checkbox"/> Days		
9. Sex - Mark (X) one	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Not stated			
10. Ethnicity - Mark (X) one	1 <input type="checkbox"/> Hispanic or Latino 2 <input type="checkbox"/> Not Hispanic or Latino 3 <input type="checkbox"/> Not stated			
			12. Marital status - Mark (X) one	
			1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Single 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Not stated	

C. ADMINISTRATIVE INFORMATION

13. Type of Admission - Mark (X) one	1 <input type="checkbox"/> Emergency	2 <input type="checkbox"/> Urgent	3 <input type="checkbox"/> Elective	4 <input type="checkbox"/> Newborn	5 <input type="checkbox"/> Items not available/unknown	16. Expected source(s) of payment	Principal Mark one only	Other additional sources Mark all that apply		
14. Source of Admission - Mark (X) one	1 <input type="checkbox"/> Physician referral	2 <input type="checkbox"/> Clinical referral	3 <input type="checkbox"/> HMO referral	4 <input type="checkbox"/> Transfer from a hospital	5 <input type="checkbox"/> Transfer from SNF				6 <input type="checkbox"/> Transfer from other health facility	7 <input type="checkbox"/> Emergency room
15. Status/Disposition of patient - Mark (X) appropriate box(es)	Status		Disposition							
1 <input type="checkbox"/> Alive	→		a. <input type="checkbox"/> Routine discharge/discharged home							
			b. <input type="checkbox"/> Left against medical advice							
			c. <input type="checkbox"/> Discharged, transferred to another short-term hospital							
			d. <input type="checkbox"/> Discharged, transferred to long-term care institution							
			e. <input type="checkbox"/> Other disposition/not stated							
2 <input type="checkbox"/> Died										
3 <input type="checkbox"/> Status not stated										
						1. Worker's compensation	<input type="checkbox"/>	<input type="checkbox"/>		
						2. Medicare	<input type="checkbox"/>	<input type="checkbox"/>		
						3. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>		
						4. Other government payments	<input type="checkbox"/>	<input type="checkbox"/>		
						5. Blue Cross/Blue Shield	<input type="checkbox"/>	<input type="checkbox"/>		
						6. HMO/PPO	<input type="checkbox"/>	<input type="checkbox"/>		
						7. Other private or commercial insurance	<input type="checkbox"/>	<input type="checkbox"/>		
						8. Self pay	<input type="checkbox"/>	<input type="checkbox"/>		
						9. No charge	<input type="checkbox"/>	<input type="checkbox"/>		
						10. Other - Specify <input type="text"/>				
						<input type="checkbox"/> No source of payment indicated	<input type="checkbox"/>	<input type="checkbox"/>		

