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-24, Atlanta, GA 30333, ATTN: PRA (0920-0212)

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	4. Date of admission Month Day Year  5. Date of discharge					
B. PATIENT CHARACTERISTICS						
7. Date of birth  Month Day Year  Units Only if date of birth not given  Day Year  Units Only if date of birth not given  Day  Year  I Personal  Not stated  Not stated	11. Race - Mark all that apply  1  White 6 Other - Specify 2 Black or African American 3 American Indian					
or Latino or Latino 2 Single 4 Divorced 6 Not stated  C. ADMINISTRATIVE INFORMATION						
13. Type of Admission – Mark (X) one  1 ☐ Emergency 3 ☐ Elective 5 ☐ Items not avai 2 ☐ Urgent 4 ☐ Newborn unknown  14. Source of Admission – Mark (X) one	vailable/  vailable/  Principal Other addition source  Mark one only  Apply					
1	Compensation					
Status Disposition  1 Alive   a. Routine discharge/discharged  b. Left against medical advice  c. Discharged, transferred to and short-term hospital  d. Discharged, transferred to long-term care institution  e. Other disposition/not stated	8. Self pay					
2 Died 3 Status not stated	☐ No source of payment indicated					

D. MEDICAL INFORMATION					
17. Final Diagnoses (including E-code diagnoses) (Enter ICD-9-CM codes as well as narra	tive if available	)			
Principal:					
Other/additional:			1.0	4	
			63		
				7	
		-			
				or page	
				-11	
	a field of				
18. Surgical and Diagnostic Procedures (Enter ICD-9-CM codes as well as narrative if available)		Date of procedure(s)			
			17-1		
	Month	Day	Year	r	
			17-1	r	
narrative if available)  Principal:  Other/additional:			17-1	r	
Principal:			17-1	r	
Principal:			17-1	r	
Principal:			17-1	r	
Principal:			17-1	r	
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Principal:			17-1	r	
Principal:			17-1		
Principal:			17-1		
Principal:			17-1	r	
Principal:Other/additional:	Month		17-1		
Principal: Other/additional:			17-1		