

# ARIC

Atherosclerosis Risk in Communities

## Common Hospital Information Form

ID NUMBER:

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CONTACT YEAR:

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FORM CODE:

C	H	I
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VERSION B: DATE 08/20/2014

INSTRUCTIONS: The Common Hospital Information Form is completed for any hospital record abstraction for CHD or HF. Q. 1 – 10 are common to both the HRA and the HFA forms.

0.a. Hospital code number:

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0.b. Medical Record Number:

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0.c. Date of discharge (for nonfatal case) or death:

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Month

Day

Year

## SECTION I: DISCHARGE CODES, TRANSFER STATUS, DEMOGRAPHIC DATA

1.a. Primary admission diagnosis:

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[Specify if diagnosis is not ICD coded]

1.b. Primary discharge diagnosis:

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[Specify if diagnosis is not ICD coded]

2. Record the ICD9-CM diagnoses and procedure codes from the hospital discharge index (or Eligibility Form):

a. 

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b. 

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c. 

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d. 

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e. 

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f. 

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g. 

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h. 

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i. 

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j. 

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k. 

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l. 

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m. 

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p. 

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q. 

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r. 

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s. 

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t. 

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u. 

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v. 

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w. 

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x. 

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y. 

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z. 

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3. Sex:

M.....Male  
F..... Female

4. Race or ethnic group:

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

4.a. Hispanic or Latino origin?

Yes..... Y  
No..... N  
Unk..... U

5.a. Does this person have health insurance?

Yes..... Y  
No..... N  
Unk..... U

Go to item 6a

5b.3. Does this person have Medicaid insurance?

Yes..... Y  
No..... N  
Unk..... U

6.a. Date of arrival at this hospital (mm-dd-yyyy) :

		-			-				
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b. Arrival time at this hospital (24-hr clock) :

		:		
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7. Did an emergency medical service unit transport the patient to this hospital?

Yes..... Y  
No..... N  
Unk..... U

## Transfer information

8.a. Was the patient transferred from or to another acute care hospital? Yes.....Y

No..... N

Unk..... U

Go to item 9.

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):

		-			-				
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c.1. Was the patient transferred a second time? Yes ☐

No ☐

Go to item 9.

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):

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9. List the hospital discharge diagnosis and procedure codes exactly as they appear on the front sheet of the medical record and/or on the discharge summary:

a.

b.

c.

d.

e.

f.

g.

h.

i.

j.

k.

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m.

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q.

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v.

w.

x.

y.

z.

ID Label

[If Yes, specify on notelog]

[illegible]

**SECTION II: ADMINISTRATIVE INFORMATION**

11. Abstractor number: 

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

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13. Source of information abstracted:

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