**INSTRUCTIONS FOR HOSPITAL RECORD ABSTRACTION FORM - ENDPOINTS
HRA, VERSION 2.0 QUESTION BY QUESTION INSTRUCTIONS (QxQ)**

I. GENERAL INSTRUCTIONS

The Hospital Record Abstraction Form (HRA) responses are to be derived from the medical records received. This form should not be completed until all records have been received (or classified as unobtainable) as indicated on the Event Tracking Form (ETF). This form should be completed if the death occurred in the hospital or death occurred within 28 days of a hospitalization or ED visit.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form.

0a. Date of Collection: Record the date the data was collected. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data, please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Please answer every question on this form.

Item 1.   **Where event occurred:** Select only one option among the two possible choices.
- Select 'ED, ED Observation or 23hr Observation' if the event occurred in the ED, ED Observation, or 23hr Observation. [Go to Q3]
- Select 'Hospitalization (with or without preceding ED visit)' if the event occurred during hospitalization (with or without preceding ED visit).

Item 2.   **Duration of hospital stay:** Select only one option among the three possible choices.
- Select No if the hospital stay was 24 hours or more.
- Select Yes if the hospital stay was less than 24 hours.
- Select 'Not recorded' if this information was not recorded.

Item 3.   **Date of arrival:** Record the date of arrival at the hospital.

Item 3a.   **Date of admission:** Record the date of hospital admission.

Item 4.   **Date of discharge:** Record the date of discharge from hospital.

Item 5.   **Admitting diagnosis code:** Record the admitting diagnosis code.

Item 6.   **Primary discharge diagnosis code:** Record the primary discharge diagnosis code.

Save and close the form.