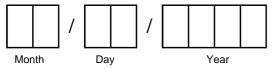MESA

Events Eligibility Addendum

**Participant ID:** 8000028  02

This form is used to collect additional information if an event investigation involves more than one hospitalization (e.g., a transfer from one hospital or other heath care facility to another) or if a single hospitalization yields more than 15 ICD-9-CM diagnosis or procedure codes.

**1**. Is this form being completed due to a transfer to a second hospital or other health care facility or per additional ICD-9-CM codes only?
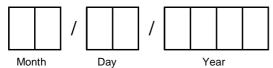
○ Hospital Transfer

○ Additional ICD-9-CM Codes Only

*If additional ICD-9-CM codes only, skip to Question 6.*

**2.** Admission date:

☐☐ / ☐☐ / ☐☐☐☐
Month      Day        Year

*Note: If admission date is earlier than participant's MESA enrollment date, skip to end of form.*

**3.** Discharge date/Date of death

☐☐ / ☐☐ / ☐☐☐☐
Month      Day        Year

**4.** Vital Status at Discharge:

○ Alive

○ Dead

**5.** Hospital Code:

☐☐☐☐

7953168087

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**6.** ICD-9-CM Discharge Diagnosis Codes:
Record all ICD-9-CM diagnosis codes in the order they are listed on the hospital record face sheet or discharge summary or index.  If there are more than 15 codes listed, record additional codes on an *Events Eligibility Addendum*.

| | | | |
|---|---|---|---|
| 1 ☐☐☐☐.☐☐ | 6 ☐☐☐☐.☐☐ | 11 ☐☐☐☐.☐☐ |
| 2 ☐☐☐☐.☐☐ | 7 ☐☐☐☐.☐☐ | 12 ☐☐☐☐.☐☐ |
| 3 ☐☐☐☐.☐☐ | 8 ☐☐☐☐.☐☐ | 13 ☐☐☐☐.☐☐ |
| 4 ☐☐☐☐.☐☐ | 9 ☐☐☐☐.☐☐ | 14 ☐☐☐☐.☐☐ |
| 5 ☐☐☐☐.☐☐ | 10 ☐☐☐☐.☐☐ | 15 ☐☐☐☐.☐☐ |

**7.** Discharge Diagnosis:
Record all discharge diagnoses (TEXT) in the order they are listed on the hospital record face sheet, discharge summary or index, or other source.  If there are more than 15 diagnoses listed, record additional diagnoses on an *Events Eligibility Addendum*.

1. 
2. 
3. 
4. 
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6. 
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8. 
9. 
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**8.** ICD-9-CM Procedure Codes:
Record all ICD-9-CM procedure codes in the order they are listed on the hospital record face sheet or discharge index.
If there are more codes than space available, record additional codes on an *Events Eligibility Addendum*.

1 ☐☐.☐☐    6 ☐☐.☐☐    11 ☐☐.☐☐

2 ☐☐.☐☐    7 ☐☐.☐☐    12 ☐☐.☐☐

3 ☐☐.☐☐    8 ☐☐.☐☐    13 ☐☐.☐☐

4 ☐☐.☐☐    9 ☐☐.☐☐    14 ☐☐.☐☐

5 ☐☐.☐☐    10 ☐☐.☐☐   15 ☐☐.☐☐

**9.** Procedures:
Record all procedures (TEXT) in the order they are listed on the hospital record face sheet or discharge index.
If there are more than 15 procedures listed, record additional procedures on an *Events Eligibility Addendum*.

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

Abstractor ID: ☐☐☐   Month ☐☐ / Day ☐☐ / Year ☐☐☐☐   Data Entry ID: ☐☐☐

**Return to *Events Eligibility Form*, Question 10**

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