### PATIENT INFORMATION

**Date/Time of surgery**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>a.m.</th>
<th>p.m.</th>
<th>Military</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>01</td>
<td>201</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date/Time surgery ended**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>a.m.</th>
<th>p.m.</th>
<th>Military</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>01</td>
<td>201</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Expected source(s) of payment for THIS VISIT**

- Private insurance
- Medicare
- Medicaid or CHIP or other state-based program
- Workers' compensation
- Self-pay
- No charge/Charity
- Other
- Unknown

### DIAGNOSIS

As specifically as possible, list all diagnoses related to this surgery or procedure. *List PRIMARY diagnosis first.*

#### Primary

1. 

#### Other

2. 
3. 
4. 
5. 
6. 

### CONDITIONS

Does patient have any of the following conditions? *(Note: These conditions could impact this surgery or procedure) – Mark (X) all that apply.*

- Acne
- Allergy
- Asthma
- Cardiac surgery history
- Cerebrovascular disease/History of stroke (CVA) or transient ischemic attack (TIA)
- Chronic kidney disease (CKD)
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)
- Diabetes mellitus (DM), Type 1
- Diabetes mellitus (DM), Type 2
- End-stage renal disease (ESRD)
- Hypertension
- Obesity
- Obstructive sleep apnea (OSA)
- None of the above

### PROCEDURE(S)

As specifically as possible, list all diagnostic or surgical procedures performed during this visit.

- NONE

#### Primary

1. 

#### Other

2. 
3. 
4. 
5. 
6. 
7. 

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**Assurance of confidentiality** – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(b) of the Public Health Service Act (42USC 242b) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015. This law requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses. It information sent through government networks triggers a cybe threat indicator, the information may be intercepted and reviewed for cyber threats by computer network experts working for, or on behalf of, the government. The Federal Cybersecurity Enhancement Act of 2015 permits monitoring information systems for the purpose of protecting a network from hacking, denial of service attacks and other security vulnerabilities. The software used for monitoring may scan information that is transiting, stored on, or processed by the system. If the information triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats. The Cybersecurity Act specifies if any information that is scanned by the cybersecurity software programs is found to be suspicious, it may be reviewed for specific threats by computer network experts working for the government (or contractors or agents who have governmental authority to do so). The Act further specifies that such information may only be used for the purpose of protecting information and information systems from cybersecurity risks.

**Monitor** means “to acquire, identify, or scan, or to possess, information that is stored on, processed by, or transmitted an an information system”; “information system” means “a discrete set of information resources organized for the collection, processing, maintenance, use, sharing, dissemination or disposition of information”; “cyber threat indicator” means “information that is necessary to describe or identify security vulnerabilities of an information system, enable the exploitation of a security vulnerability, or unauthorized remote access or use of an information system.” **We take your privacy very seriously.** All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(b) of the Public Health Service Act (42USC 242b) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015. This law requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses. If information sent through government networks triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats by computer network experts working for, or on behalf of, the government. The Federal Cybersecurity Enhancement Act of 2015 permits monitoring information systems for the purpose of protecting a network from hacking, denial of service attacks and other security vulnerabilities. The software used for monitoring may scan information that is transiting, stored on, or processed by the system. If the information triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats. The Cybersecurity Act specifies if any information that is scanned by the cybersecurity software programs is found to be suspicious, it may be reviewed for specific threats by computer network experts working for the government (or contractors or agents who have governmental authority to do so). The Act further specifies that such information may only be used for the purpose of protecting information and information systems from cybersecurity risks.
List up to 30 drugs and anesthetics that were administered and whether they were administered preoperatively, intraoperatively, and/or postoperatively. Mark (X) all that apply.

<table>
<thead>
<tr>
<th>Type(s) of anesthesia listed in the drug description fields – Mark (X) all that apply.</th>
<th>Anesthesia administered by – Mark (X) all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE/No more</td>
<td>Anesthesiologist</td>
</tr>
<tr>
<td>General</td>
<td>CRNA (Certified Registered Nurse Anesthetist)</td>
</tr>
<tr>
<td>Conscious/IV sedation/ MAC (Monitored Anesthesia Care)</td>
<td>Surgeon/Other physician</td>
</tr>
<tr>
<td>Local/topical</td>
<td>Resident</td>
</tr>
<tr>
<td>Regional epidural</td>
<td>Other provider</td>
</tr>
<tr>
<td>Regional peribulbar block</td>
<td>Unknown</td>
</tr>
<tr>
<td>Regional peripheral nerve block</td>
<td></td>
</tr>
<tr>
<td>Regional retrobulbar block</td>
<td></td>
</tr>
<tr>
<td>Regional spinal (Subarachnoid)</td>
<td></td>
</tr>
<tr>
<td>Other regional block</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Symptoms present during or after procedure – Mark (X) all that apply:

- Hypoxia – moderate to severe
- Nausea – moderate to severe
- Pain – moderate to severe
- Sedation – excessive
- Surgical complications – unanticipated
- Urinary retention
- Hypotension/Low blood pressure – >20% change from baseline
- Hypertension/High blood pressure – >20% change from baseline

Enter disposition – Mark (X) all that apply.

- Routine discharge to customary residence
- Discharge to observation status
- Admitted to hospital as inpatient
- Referred to ED
- Surgery terminated
- Procedure canceled on arrival to clinic or ambulatory surgery unit/location
- Incomplete or inadequate medical evaluation
- Surgical issue
- Other
- Unknown
- Patient not n.p.o./fasting
- Other

Did someone attempt to follow-up with the patient within 24 hours after the surgery? Mark (X) all that apply.

- Yes
- No
- Unknown

What was learned from this follow-up? Mark (X) all that apply.

- Unable to reach patient
- Patient reported no medical or surgical problems
- Patient reported medical or surgical problems and sought medical care
- Patient reported medical or surgical problems and was advised by staff to seek medical care
- Patient reported medical or surgical problems, but no follow-up medical care was needed
- Other
- Unknown