Collaborative Data Project	Date Form Completed: `HOSQ:COMPDA` / `HOSQ:COMPMO` / `HOSQ:COMPYR` DD MMM YYYY Form Completed by: `HOSQ:COMPINT`	CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

*List all Hospital Admissions during the **past 2 years**. If possible, identify the primary discharge diagnoses.*

Date Admitted DD / MMM / YYYY	Date Discharged DD / MMM / YYYY	Most Important Discharge Diagnoses (up to 3) *Select all that apply*	

`HOSP:ADMITDA` / `HOSP:ADMITMO` / `HOSP:ADMITYR`	`HOSP:DISCHDA` / `HOSP:DISCHMO` / `HOSP:DISCHYR`	HOSP:DDIAG1 ▾
		If Other, specify:
		`HOSP:DDOT1`
		HOSP:DDIAG2 ▾
		If Other, specify:
		`HOSP:DDOT2`
		HOSP:DDIAG3 ▾
		If Other, specify:
		`HOSP:DDOT3`
			Delete Admission

[Add Admission]

Do you think admissions not listed above occurred for this patient at other hospitals that are not associated with your center?

☐ (HOSQ:HOSPOTI) Yes   ☐ (HOSQ:HOSPOTI) No   ☐ (HOSQ:HOSPOTI) Unknown

Comments for page:

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HOSQ:COMTXT
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[Submit Query]   [Cancel]   Form Completion Help   [Print]