

EASA PROGRAM – HOSPITALIZATIONS

(Complete ONE hospitalization form per hospitalization, updating as new information becomes available)

IDENTIFIERS – Entered at 'Participant' level – please update any 'Unknown' or 'Missing' values

Full Name _____ DOB ____/____/____

ADMIT DATES – Report when patient was admitted to hospital NOT when paperwork was completed

Admit Date ____/____/____

Admit Year Admit Quarter ☐ 1 Jan-Mar ☐ 2 Apr-Jun ☐ 3 Jul-Sep ☐ 4 Oct-Dec

HOSPITALIZATION DETAILS

Hospital Name _____

Admit Type

- ☐ Voluntary
- ☐ Involuntary
- ☐ Unknown

Type of Hospitalization

- ☐ State Hospital
- ☐ Acute Hospitalization
- ☐ Emergency Room – Less than 1 day
- ☐ Emergency Room – Extended Stay (over 1 day)
- ☐ Substance Abuse
- ☐ Residential Treatment
- ☐ Sub-Acute Care
- ☐ Other, specify _____
- ☐ Unknown

If patient is still in the hospital you will need to enter number of days hospitalized

DISCHARGE DATES – Report year and quarter of discharge NOT the year and quarter reported to the EASA program

If patient is still in the hospital at time of initial data entry, check 'still in hospital' in REDCap.

Discharge Date ____/____/____ ☐ Still in hospital

Discharge Year Discharge Quarter ☐ 1 Jan-Mar ☐ 2 Apr-Jun ☐ 3 Jul-Sep ☐ 4 Oct-Dec

If the exact admit and/or discharge date are unknown please enter the approximate days in hospital below.

Days in Hospital _____