

C-HOSPITAL-ADMISSION

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION  
AASK COHORT STUDY  
HOSPITAL ADMISSION NOTIFICATION FORM # 144**

This form is completed immediately when a center learns that a patient was hospitalized.

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1. Identification Number...

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2. Name Code...

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3. Admission Date: mm/dd/yyyy... HOSP\_DT

4. Is the patient still in the hospital?  
(0=No-discharged, 1=No-died (enter Form 148), 2=Yes-still in hospital) ..... IN-HOSP

*Remember to complete a Form 145, Hospitalization Form, within two weeks after the patient is discharged.*

AASK preliminary thoughts on primary and secondary cause of hospitalization:

5. Primary cause (use Form 145 code list) ..... P-CAUSE  
6. Secondary cause (use Form 145 code list) ..... S-CAUSE

200. Date this form completed (mm/dd/yyyy) ..... / / COMPL\_DT

201. Certification ID of person completing this form ..... COMPL\_BY

**For Clinical Center Use Only:**

**Certification ID of person entering this form:** \_\_\_\_\_

**Date Entered:** \_\_\_\_/\_\_\_\_/\_\_\_\_