

Discharge Diagnoses:

3. If the ICD-9-CM discharge codes are not available, write out all discharge diagnoses in the order they are listed on the hospital face sheet or other sources. If there are more diagnoses than space available, record on a separate page and append to this form.

3.1. Discharge diagnoses recorded below? ₀ No ₁ Yes

1. _____	9. _____
2. _____	10. _____
3. _____	11. _____
4. _____	12. _____
5. _____	13. _____
6. _____	14. _____
7. _____	15. _____
8. _____	16. _____

Procedures:

4. If the ICD-9-CM procedure codes are not available, record all procedures in the order they are listed on the hospital face sheet or other sources. If there are more procedures than space available, record on a separate page and append to this form.

4.1. Procedures recorded below? ₀ No ₁ Yes

1. _____	9. _____
2. _____	10. _____
3. _____	11. _____
4. _____	12. _____
5. _____	13. _____
6. _____	14. _____
7. _____	15. _____
8. _____	16. _____

Item 5 to be completed by Physician Adjudicator:

5. Were there any additional WHI outcomes associated with this hospitalization that the participant did not self report?

___ No

___ Yes → *Complete appropriate outcomes forms*

Responsible Adjudicator Signature