

**NIDA HCU COLLABORATIVE SUBSTUDY
PNEUMONIA ABSTRACTION**

**FORM NI03
VERSION 11 / 01 / 96**

HERS or WIHS ID NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center;"> _ - _ - _ _ _ _ - _ </div>	HERS or WIHS VISIT #: <div style="border: 1px solid black; padding: 5px; text-align: center;"> _ _ </div>	DATE OF ABSTRACTION <div style="text-align: center;"> ____/____/____ M D Y </div>
DATE OF NIDA INTERVIEW: <div style="text-align: center;"> ____/____/____ M D Y </div>	DATE 6 MONTHS PRIOR TO INTERVIEW: <div style="text-align: center;"> ____/____/____ M D Y </div>	ABTRACTOR'S INITIALS: <div style="border: 1px solid black; padding: 5px; text-align: center;"> _ _ _ _ </div>

SECTION A

A1. NAME OF PRIMARY OUTPATIENT CLINIC: _____
 ADDRESS: _____

Note: This is an abstract of the outpatient primary care site record. Do not abstract the hospital record.

A2. Did review of the medical record indicate that a diagnosis of pneumonia was made during the period under review?

Yes..... 1
 No..... 2 (END)

a. How many separate episodes of pneumonia are documented in this outpatient record during the period under review?

|_|_|_|
 # of episodes

PROMPT: COMPLETE A SEPARATE PNEUMONIA EPISODE FORM (NIO4) FOR EACH EPISODE DOCUMENTED. TOTAL # OF EPISODES AT A2a (ABOVE) SHOULD BE EQUAL TO TOTAL AT A1 IN FORM NIO4.