

Supplemental File. Information of the front page of inpatient medical record.

Hospital name _____ (Hospital ID: _____)					
The front page of in-patient medical record					
Method of medical payment: <input type="checkbox"/> Health-card number: _____ Times of admission _____ Medical record number: _____					
Name _____ Gender <input type="checkbox"/> 1.male 2.female Birth date ____Year__Month__Day Age _____ Nationality _____ (less than 1 years old)) Age ____months New-born weight ____g New-born weight at admission ____g Birth place ____Province(Autonomous region, Municipality)____City____County Native place ____Province(Autonomous region, Municipality)____City Ethnicity _____ Social ID _____ Occupation _____ Marital status <input type="checkbox"/> 1.Unmarried 2.Married 3.Widowed 4.Divorced 9.Others Residence ____Province(Autonomous region, Municipality)____City____County Phone number _____ Postal code _____ “Hukou” address ____Province(Autonomous region, Municipality)____City____County Postal code _____ Name and address of employer _____ Phone number _____ Postal code _____ Name of the contact _____ Relationship with the patient _____ Address _____ Phone number _____ Admission path <input type="checkbox"/> 1.Emergency 2.Outpatient 3.Transferred from other medical institutions 9.Others Admission date ____Year__Month__Day__Hour Admission department _____ Ward _____ Department of patient being transferred to _____ Discharge date ____Year__Month__Day__Hour Discharge department _____ Ward _____ Length of hospitalization ____Day Diagnosis of outpatient/emergency department _____ ICD code _____					
Discharge diagnosis	ICD code	Admission status	Discharge diagnosis	ICD code	Admission status
Primary diagnosis:			Other diagnosis:		
Admission status: 1. Present, 2. Clinically undetermined, 3. Unclear, 4. Absent					
External factors of trauma and poisoning _____			ICD code _____		
Pathological diagnosis: _____			ICD code _____		
Pathological number _____					
Drug allergy <input type="checkbox"/> 1. No; 2. Yes, allergic drug: _____			Autopsy of deceased patient <input type="checkbox"/> 1. Yes; 2. No		
Blood type <input type="checkbox"/> 1. A; 2. B; 3. O; 4. AB; 5. Unknown; 6. Untested Rh <input type="checkbox"/> 1. Negative; 2. Positive; 3. Unknown; 4. Untested					
Chief _____ (Associate) chief physician _____ Attending physician _____ Resident physician _____					
Primary nurse _____ Refresher physician _____ Intern physician _____					
Coder _____					

Medical record quality ☐ 1. Class A; 2. Class B; 3. Class C

Physician for quality control _____

Nurse for quality control _____

Date of quality control ____Year____Month__Day

Operation / Procedure code	Operation / Procedure date	Operation / Procedure level	Operation / Procedure name	Operation/Procedure physicians			Wound healing ratings	Anaesthesia method	Anesthetist
				Surgeon	First assistant	Second assistant			
							/		
							/		
							/		
							/		
							/		
							/		
							/		
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							/		
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Discharge / Mortality Status and Discharge Location ☐ 1. Alive and discharge with medical advice
2. Transfer to other hospital with medical advice, name of the hospital transferred: _____
3. Transfer to community health centers /lower-level healthcare institutions with medical advice,
name of medical institution transferred: _____ 4. Discharge against medical advice 5. Died in hospital 9. Others

Readmission Plan within 31 days after discharge ☐ 1. No 2. Yes, readmission aims: _____

Coma duration of cranial injury patients:
Before admission ____Day____Hour____Minutes After ____admission____Day____Hour____Minutes

Hospitalization cost(yuan): Gross charge_____ (Out-of-pocket payment:_____)

1.Integrated medical services: (1)Cost for general medical service:_____ (2)Cost for general operation:_____

(3)Cost for nursing:_____ (4)Other cost:_____

2.Diagnosis:(5)Cost for pathological diagnosis:_____ (6)Cost for lab test:_____

(7)Cost for imaging test:_____ (8)Cost for clinical diagnosis:_____

3.Treatment:(9)Cost for nonoperation therapy:_____ (Cost for clinical physical treatment:_____)

(10)Cost for operation treatment:_____ (Anaesthesia cost:_____ Operation cost:_____)

4.Rehabilitation:(11)Rehabilitation cost:_____

5.Traditional Chinese medicine:(12)Cost for traditional Chinese medical treatment:_____

6.Western drugs:(13)Cost for western drugs:_____ (Cost for Antibiotics:_____)


7.Traditional Chinese drugs:(14)Cost for traditional Chinese drugs:_____ (15)Cost for Herbs:_____

8.Blood and blood products:(16)Cost for blood transfusion:_____ (17)Cost for albumin transfusion:_____

(18)Cost for globulin transfusion:_____(19)Cost for clotting factor transfusion:_____(20)Cost for cytokine transfusion:_____

9.Consumables:(21)Cost for disposable medical material in examination:_____ (22)Cost for disposable medical material in treatment:_____ (23)Cost for disposable medical material in operation:_____

10.Others:(24)Other cost:_____



* **Method of medical payment includes** 1. Urban employee basic medical insurance[UEBMI] 2. Urban residents bas insurance [URBMI] 3. New cooperative medical scheme[NRCMS] 4. Medical assistance 5. Commercial medical insurance funded health system 7. Out-of-pocket costs 8. Other social insurances 9. Others