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|---|---|
| cdisc | Site Number: ___ Subject Number: _____ |

## Form HO - Healthcare Encounters

### 1 HO - Healthcare Encounters

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|---|---|---|---|
| 1.1 | Were there any healthcare encounters? | ◯ [N] No<br>◯ [Y] Yes | ***HOYN*** |
| 1.2 | What was the healthcare encounter? | ◯ [EMERGENCY ROOM VISIT] EMERGENCY ROOM VISIT<br>◯ [HOSPITAL STAY] HOSPITAL STAY<br>◯ [INTENSIVE CARE UNIT STAY] INTENSIVE CARE UNIT STAY<br>◯ [PRIMARY CARE PHYSICIAN'S OFFICE VISIT] PRIMARY CARE PHYSICIAN'S OFFICE VISIT<br>◯ [SKILLED NURSING FACILITY STAY] SKILLED NURSING FACILITY STAY<br>◯ [OTHER] OTHER | ***HODECOD*** |
| 1.3 | If Other, specify | | ***HOTERM*** |
| 1.4 | Admission Date (DD-MMM-YYYY) | __ __ __ __ __ __ __ __ __ | ***HOSTDAT*** |
| 1.5 | Discharge Date (DD-MMM-YYYY) | __ __ __ __ __ __ __ __ __ | ***HOENDAT*** |
| 1.6 | Ongoing as of the [study-specific timepoint or period] | ◯ [N] No<br>◯ [Y] Yes | ***HOONGO*** |
| 1.7 | Reason for the Healthcare Encounter | | ***HOREAS*** |
| 1.8 | Adverse Event Identifier | | ***HOAENO*** |