



## INSTRUCTIONS FOR HOSPITALIZATIONS FORM (HOS)

### I. General Instructions

This form documents if the participant was hospitalized since last contact and if so, record up to two hospitalization events per form occurrence. A hospitalization means the participant was admitted to the hospital. An emergency room (ER) visit without being admitted to the hospital does not count as a hospitalization and should not be recorded on the HOS form.

This form is to be completed during the participant's Baseline, Visit 6-11 (every 6 months post-baseline). All hospitalizations should be recorded. If a participant reports more than 2 hospitalizations, document all of the hospitalizations by creating additional occurrences of the form until all hospitalizations have been entered.

### II. Detailed instructions for each item

0a. Enter the date the form was completed. If data collection is conducted using a video call add this in a notelog.

0b. Enter staff ID of the person who administered this form.

1. Ask the participant whether they have been hospitalized or stayed in a hospital observation unit for any reason since their last ACHIEVE visit. You should remind participants of when the last ACHIEVE visit was as it is possible that some participants will have visited the field site for other reasons (e.g. an ARIC visit). If the participant says yes, mark "yes" and record information about their hospitalization as described below. If the participant has not been hospitalized, mark "no" and end form.

#### Hospitalization 1

**1a:** List the hospitalization reason. Fill out free text if reason is not a listed option

**1b:** Record the hospital name, city, and state where the participant was hospitalized through the drop down list.

**1c:** Further specify hospital information if details are not in the drop down list

**1d:** Note the month and year of hospitalization event (MM/YYYY)

#### Hospitalization 2:

**2a:** List the hospitalization reason. Fill out free text if reason is not a listed option

**2b:** Record the hospital name, city, and state where the participant was hospitalized through the drop down list.

**2c:** Further specify hospital information if details are not in the drop down list

**2d:** Note the month and year of hospitalization event (MM/YYYY)