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|  |  | **Organizational Identifiers** |  |  |
|  | VAMC  CONTROL  QIC  BEGDTE  REVDTE | Facility ID Control Number  Abstractor ID  Abstraction Begin Date  Abstraction End Date | Auto-fill  Auto-fill  Auto-fill  Auto-fill  Auto-fill |  |
|  |  | Patient Identifiers |  |  |
|  | SSN  PTNAMEF  PTNAMEL  BIRTHDT  SEX  MARISTAT  RACE | Patient SSN First Name  Last Name  Birth Date  Sex  Marital Status  Race | Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: **can change**  Auto-fill: no change  Auto-fill: no change |  |
| 1 | cigsmokr | Is there documentation in the medical record that the Veteran is a current or former cigarette smoker? 1. Yes 2. No | 1, 2 **If 2, case is excluded** | **Veterans at greater risk for abdominal aortic aneurysm (AAA) are males, age 66 - 75, who are current or former cigarette smokers.**  **Current or former cigarette smoker:** documentation that the Veteran has ever smoked at least 100 cigarettes (5 packs or 1/2 carton) in his/her lifetime.  **If there is documentation of “Lifetime non-smoker”, be aware that this may actually mean the patient was a prior smoker who quit > 7yrs ago. Abstractors should continue to review the patient’s history to determine if he was a former cigarette smoker**.   Look thoroughly for definitive documentation that the patient either currently smokes cigarettes or is a former cigarette smoker. If the amount is not documented or is unknown, assume the amount is at least 100 cigarettes in the patient's lifetime and answer “1”.  For purposes of this study, if the documentation clearly indicates that the patient only uses or has only used any form of tobacco other than cigarettes (pipes, cigars, smokeless tobacco, chewing tobacco, electronic cigarettes, etc.), answer "No".  **Electronic cigarette (**e-cigarette, personal vaporizer [PV], electronic nicotine delivery system [ENDS]): an electronic inhaler meant to simulate and substitute for tobacco smoking. It generally utilizes a heating element that vaporizes a liquid solution. Some release nicotine, while some merely release flavored vapor.  **Exclusion Statement:** Documentation of lifetime smoking history of less than 100 cigarettes excludes the case from the AAA screening study. |
| 2 | hspce1 | Is one of the following documented in the medical record:   * the patient is enrolled in a VHA or community-based Hospice program * the patient has a diagnosis of cancer of the liver, pancreas or esophagus * the patient's life expectancy is less than 1 year   1. Yes 2. No | 1, 2 **If 1, the case is excluded**  **If 2 and Mental Health flag = 1, go to othrcare; else, go to aaascreen** | Although all noted conditions may be applicable to the case, only one is necessary for exclusion. The stage of cancer of the liver, esophagus, or pancreas is not applicable.  Even if the patient is newly diagnosed, the case is excluded. Patient’s life expectancy of less than 1 year may be documented in the progress notes, on the problem list or in the computer field “health factors”.  **Acceptable:** Enrollment in a VHA or community-based Hospice **Unacceptable:** Enrollment in a VHA Palliative Care program or HBPC.  **Suggested data sources:** Progress notes, problem list, Health Factors tab  **Exclusion Statement:** Documentation that the patient is enrolled in a VHA or community-based Hospice program; has a diagnosis of cancer of the liver, pancreas or esophagus; or documented life expectancy less than 1 year excludes the case from the AAA screening study. |
| 3 | othrcare | Is there evidence in the medical record that within the past two years, the patient refused VHA Primary Care and is receiving ONLY his/her primary care in a non-VHA setting?  1. Yes  2. No  **To answer “1,” both evidence of refusal of VHA Primary Care and documentation of primary care received outside VHA must be present in the record.** | 1,2  **If 1, case is excluded** | There must be specific documentation of patient refusal of VHA Primary Care, and the refusal must have occurred within the past two years. (Examples: record documents that patient does not wish to be seen in VHA Primary Care clinics, prefers to seek care elsewhere, or does not wish to receive care at all unless under emergency circumstances. Documentation of patient statements such as “I only signed up for VA for my MH service-connected condition.” or “My private physician does all my primary care” represent refusal of VHA Primary Care.)Receiving primary care ONLY in a non-VHA setting: The patient may be receiving mental health or other specialty care at the VAMC, but his/her primary care during the past two years was received outside VHA. (Examples: patient’s medical care is being provided by a primary care provider who does not practice in the VHA system; patient under care of non-VHA specialist who provides his/her primary care; patient receives care from other sources such as free clinics.)  **Exclusion Statement:** Documentation within the past two years, that the patient refused VHA Primary Care and is receiving ONLY his/her primary care in a non-VHA setting excludes the case from the AAA screening study. |
| 4 | aaascreen | On or after age 60, does the medical record contain the report of an abdominal ultrasound performed specifically for abdominal aortic aneurysm (AAA) screening?  1. Abdominal ultrasound for AAA Screening performed by VHA  2. Abdominal ultrasound for AAA Screening performed in  private sector  98. Documentation the patient refused an abdominal ultrasound for AAA screening  99. No documentation an abdominal ultrasound for AAA Screening was performed. | 1, 2, 98, 99  If 1or 2 autofill refusdt as 99/99/9999 and go to scrnreslt  If 98, go to refusdt and autofill scrnreslt as 95, scrndt as 99/99/9999, sizeaaa as 95 and go to abdus  If 99 autofill refusdt as 99/99/9999, scrnreslt as 95, scrndt as 99/99/9999, sizeaaa as 95, and go to abdus | Review all data sources for documentation that an abdominal ultrasound was performed specifically for AAA screening. Screening may be performed at the VAMC under review, another VAMC or in the private sector.  In order to answer “1”, there must be documentation that indicates the abdominal ultrasound was performed as screening for AAA. Look in the **Reason for Study** and/or **Clinical History** sections of the abdominal ultrasound report. Acceptable documentation may include, but is not limited to:   * Indication / reason / purpose for study - screen for AAA; AAA screen; r/o AAA * Clinical history - needs screen for AAA; meets Clinical Reminder criteria for AAA screen; positive risk factors for AAA     Other procedure names considered acceptable as an abdominal ultrasound for AAA screening include but are not limited to:   * Echogram Abdomen LTD * AAA PV Doppler   If the AAA screen was performed in the private sector, the abstractor must be certain the procedure was accomplished. Documentation in the medical record by a VHA provider that the AAA screen was performed outside the VHA is acceptable. The documentation must include the date the exam was performed and the results. At a minimum, the month and year should be documented.  Documentation of an offer to perform an AAA screen and the patient refused is sufficient to answer “98”.  **Suggested data sources:** Imaging reports, progress notes, physician orders, Health Factors, VISTA imaging. |
| 5 | refusdt | Enter the date the patient refused an abdominal ultrasound for AAA screening. | mm/dd/yyyy   |  | | --- | | >= 60th birthday and <= stdyend) |   Will be autofilled as 99/99/9999 if aaascreen = 1,2,99  If refusdt = valid date, go to abdus | Enter the exact date. |
| 6 | scrnreslt | What are the results of the abdominal ultrasound performed for AAA screening?  1. AAA present 2. AAA not present 3. Image not sufficient for result  95. Not applicable | 1,2,3, 95  Will be autofilled as 95 if aaascreen = 98,99  If 2 or 3 autofill sizeaaa as 95 | **Abdominal aortic aneurysm (AAA):** an expansion of the aorta below the renal arteries to a diameter of 3.0 cm or larger. Aortic aneurysms are classified by shape (fusiform or saccular); location along the aorta (thoracic, abdominal); and how they are formed (true vs pseudoaneurysm).  The report must explicitly indicate the infrarenal aorta (below the renal arteries) was visualized AND clearly indicate that either an AAA **was** seen or AAA **was not** seen.  Other acceptable documentation to select “2” may include, but is not limited to:   * abdominal aorta visualized; exam normal * normal aorta * abdominal aorta visualized; no evidence of aneurysm   **Suggested data sources:** Imaging reports, progress notes, VISTA imaging. |

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| 7 | scrndt | Enter the date the abdominal ultrasound for AAA screening was performed. | mm/dd/yyyy   |  | | --- | | >= 60th birthday and <= stdyend) |   Will be autofilled as 99/99/9999 if aaascreen = 98,99 | Enter the exact date. At a minimum, the month and year should be documented and entered accurately. If the day is unknown, enter 01 as the default. |
| 8 | sizeaaa | What was the size of the abdominal aortic aneurysm documented in the report? 1. < 3.0 cm  2. 3.0 - 3.9 cm 3. 4.0 - 5.4 cm 4. > 5.5 cm 95. Not applicable 99. Size not documented | 1, 2, 3, 4, 95, 99 Will be autofilled as 95 if aaascreen = 98,99  Will be autofilled as 95 if scrnreslt = 2 or 3 | Size of the aneurysm refers to the external diameter / width of the aorta where the aneurysm is located or in the case of a saccular aneurysm, the size may refer to the diameter of the saclike protrusion on the aorta.  The report must clearly indicate the diameter of the abdominal aorta was measured and actual size must be included. Use the maximum number documented as the diameter. For example, report has...aortic aneurysm measures 4.3 x 3.90 cm, select option “2” - 4.0 - 5.4 cm.  Although the commonly accepted definition of **AAA** is an expansion of the aorta below the renal arteries to a diameter of 3.0 cm or larger, an AAA may be diagnosed if there is an expansion of < 3.0 cm. |

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| 9 | abdus | On or after age 60, does the medical record contain the report of an abdominal ultrasound performed for other reasons? 1. Abdominal ultrasound performed by VHA 2. Abdominal ultrasound performed in private sector  98. Documentation the patient refused an abdominal ultrasound  99. No documentation an abdominal ultrasound was performed for other reasons | 1, 2, 98, 99  If 98, 99 autofill abdusaor as 95, usreslt as 95, abdusdt as 99/99/9999, sizeaaa2 as 95,  and go to othrimag | Review all data sources for documentation that an abdominal ultrasound was performed for other reasons - not specifically for AAA screen - by the VHA (VAMC under review or another VAMC) or in the private sector.  Performed for other reasons may include, but is not limited to abdominal pain, r/o bowel obstruction, r/o renal cyst, r/o gallstones.  Results of the abdominal ultrasound must be in the medical record for procedures performed by the VHA. Entry in the computer package is acceptable, as long as the interpretation is present.  If the abdominal ultrasound was performed in the private sector, the abstractor must be certain the procedure was accomplished. Documentation in the medical record by a VHA provider that the abdominal ultrasound was performed outside the VHA is acceptable. The documentation must include the date the exam was performed and the results. At a minimum, the month and year should be documented.  **Suggested data sources:** Radiology reports, progress notes, VISTA imaging |

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| 10 | abdusaor | On or after age 60, does any abdominal ultrasound report indicate the abdominal aorta was visualized or mention AAA?  1. Yes  2. No  95. Not applicable | 1,2,95  If 2, go to othrimag  Will be autofilled as 95 if abdus = 98,99 | **If more than one abdominal ultrasound was performed for other reasons during the applicable timeframe, review each report:**   * Start with the earliest abdominal ultrasound report performed by the VHA or in the private sector. * Read the report to determine if the abdominal aorta was visualized and/or AAA mentioned. * If the abdominal aorta was not visualized or AAA was not mentioned in that report, go to the next report and read to determine if the abdominal aorta was visualized and/or AAA mentioned. * Continue to review reports up to the study end date. * If any abdominal ultrasound report indicates the abdominal aorta was visualized or mentions AAA (present/not present or similar wording) enter “1”. * If all reports have no indication that the abdominal aorta or AAA was visualized, enter “2”. |

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| 11 | usreslt | What are the results of the abdominal ultrasound that indicated the abdominal aorta was visualized or AAA mentioned?  1. AAA present  2. AAA not present  95. Not applicable | 1,2, 95  If 2, autofill sizeaaa2 as 95  Will be autofilled as 95 if abdus = 98, 99 | If more than one abdominal ultrasound was performed for other reasons, during the applicable timeframe, review each report, starting with the earliest, to determine if the abdominal aorta was visualized and mentioned in the report.  For purposes of this question, be sure that the report which mentions the abdominal aorta or AAA is from the **earliest** abdominal ultrasound performed for other reasons (not specifically for AAA screening) on or after age 60.  The report must explicitly indicate the infrarenal aorta (below the renal arteries) was visualized AND clearly indicate that either an AAA **was** seen (present) or AAA **was not** seen (present).  Other acceptable documentation to select “2” may include, but is not limited to:   * abdominal aorta visualized; exam normal * normal aorta * abdominal aorta visualized; no evidence of aneurysm   **Suggested data sources:** Imaging reports, progress notes, VISTA imaging |

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| 12 | abdusdt | Enter the date of the earliest abdominal ultrasound report which indicated either an AAA **was** seen or AAA **was not** seen. | mm/dd/yyyy   |  | | --- | | >= 60th birthday and <= stdyend) |   Will be autofilled as 99/99/9999 if abdus = 98, 99 | Enter the exact date the abdominal ultrasound was performed. At a minimum, the month and year should be documented and entered accurately. If the day is unknown, enter 01 as the default. |
| 13 | sizeaaa2 | What was the size of the abdominal aortic aneurysm documented in the report? 1. < 3.0 cm  2. 3.0 - 3.9 cm 3. 4.0 - 5.4 cm 4. > 5.5 cm 95. Not applicable 99. Size not documented | 1, 2, 3, 4, 95, 99  Will be autofilled as 95 if abdus = 98,99 or usreslt = 2 | Size of the aneurysm refers to the external diameter / width of the aorta where the aneurysm is located or in the case of a saccular aneurysm, the size may refer to the diameter of the saclike protrusion on the aorta.  The report must clearly indicate the diameter of the abdominal aorta was measured and actual size must be included. Use the maximum number documented as the diameter. For example, report has...aortic aneurysm measures 4.3 x 3.90 cm, select option “2” - 4.0 - 5.4 cm.  Although the commonly accepted definition of **AAA** is an expansion of the aorta below the renal arteries to a diameter of 3.0 cm or larger, an AAA may be diagnosed if there is an expansion of < 3.0 cm. |

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| 14 | othrimag | On or after age 60, is there documentation other abdominal imaging (CT, CTA, MRI) was performed? 1. Other imaging performed by VHA 2. Other imaging performed in private sector  99. No documentation of other abdominal imaging | 1, 2, 99  If 99, autofill othraor as 95, othrslt as 95, othrdt as 99/99/9999, sizeaaa3 as 95 and go to prdxaaa | For purposes of this question, other abdominal imaging includes computed tomography (CT) scans, computerized tomographic angiography (CTA), magnetic resonance imaging (MRI).  **Suggested data sources:** Imaging records, progress notes, VISTA imaging |

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| 15 | othraor | On or after age 60, does any abdominal imaging report (CT, CTA, MRI) indicate the abdominal aorta was visualized or mention AAA?  1. Yes  2. No  95. Not applicable | 1,2,95  If 2, autofill othrslt as 95, othrdt as 99/99/9999, sizeaaa3 as 95 and go to prdxaaa | If more than one abdominal imaging exam was performed during the applicable timeframe, review each report:   * Start with the earliest abdominal imaging report performed by the VHA or in the private sector. * Read the report to determine if the abdominal aorta was visualized and/or AAA mentioned. * If the abdominal aorta was not visualized or AAA was not mentioned in that report, go to the next report and read to determine if the abdominal aorta was visualized and/or AAA mentioned. * Continue to review reports up to the study end date. * If any abdominal imaging report indicates the abdominal aorta was visualized or mentions AAA (present/not present or similar wording) enter “1”. * If all reports have no indication that the abdominal aorta or AAA was visualized, enter “2”. |

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| 16 | othrslt | What are the results of the abdominal imaging exam (CT, CTA, MRI) that indicated the abdominal aorta was visualized or AAA mentioned? 1. AAA present 2. AAA not present 95. Not applicable | 1, 2, 95  If 2, autofill sizeaaa3 as 95 | The report must clearly indicate that the abdominal aorta was visualized AND whether an AAA **was** seen (present) or **was not** seen (present).  For purposes of this question, be sure that the report which mentions the abdominal aorta or AAA is from the **earliest** abdominal imaging (CT, CTA, MRI) performed on or after age 60.  Other acceptable documentation to select “2” may include, but is not limited to:   * abdominal aorta visualized; exam normal * normal aorta * abdominal aorta visualized; no evidence of aneurysm   **Suggested data sources:** Imaging reports, progress notes, VISTA imaging |

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| 17 | othrdt | Enter the date of the earliest abdominal imaging exam report which indicated either an AAA **was** seen or AAA **was not** seen. | mm/dd/yyyy   |  | | --- | | >= 60th birthday and <= stdyend) |   Will be autofilled as 99/99/9999 if othrimag = 99  If othrslt = 1, go to sizeaaa3, else go to prdxaaa | Enter the exact date. At a minimum, the month and year should be documented and entered accurately. If the day is unknown, enter 01 as the default. |
| 18 | sizeaaa3 | What was the size of the abdominal aortic aneurysm documented in the report? 1. < 3.0 cm  2. 3.0 - 3.9 cm 3. 4.0 - 5.4 cm 4. > 5.5 cm 95. Not applicable 99. Size not documented | 1, 2, 3, 4, 95, 99 Will be autofilled as 95 if othrimag = 99 or othrslt = 2 | Size of the aneurysm refers to the external diameter / width of the aorta where the aneurysm is located or in the case of a saccular aneurysm, the size may refer to the diameter of the saclike protrusion on the aorta.  The report must clearly indicate the diameter of the abdominal aorta was measured and actual size must be included. Use the maximum number documented as the diameter. For example, report has “...aortic aneurysm measures 4.3 x 3.90 cm”, select option “2. 4.0 - 5.4 cm”.  Although the commonly accepted definition of **AAA** is an expansion of the aorta below the renal arteries to a diameter of 3.0 cm or larger, an AAA may be diagnosed if there is an expansion of < 3.0 cm. |
| 19 | prdxaaa | Did the record document the patient had a diagnosis of AAA or thoracic aortic aneurysm prior to [(computer to display earliest valid scrndt, abusdt or othrdt) OR(if no valid date computer to display: /or on stdyend)]?  1. Yes  2. No | 1,2 | **The intent of this question is to determine if the patient had a diagnosis of AAA prior to any abdominal imaging exam; OR if no abdominal imaging exam was performed, did the patient have a diagnosis of AAA prior to / or on the study end date.**  **Abdominal aortic aneurysm (AAA):** an expansion of the aorta below the renal arteries to a diameter of 3.0 cm or larger. Aortic aneurysms are classified by shape (fusiform or saccular); location along the aorta (thoracic, abdominal); and how they are formed (true vs pseudoaneurysm).  **Suggested data sources:** Problem list and verify in progress notes.  **Applicable ICD-9 Codes include:**  441.00 DISSECTION OF AORTA UNSPECIFIED SITE  441.01 DISSECTION OF AORTA THORACIC  441.03 DISSECTION OF AORTA  THORACOABDOMINAL  441.1 THORACIC ANEURYSM, RUPTURED  441.2 THORACIC ANEURYSM, WITHOUT MENTION OF RUPTURE  441.3 RUPT ABD AORTIC ANEURYSM  441.4 ABDOM AORTIC ANEURYSM  441.5 AORTIC ANEURYSM OF UNSPECIFIED SITE, RUPTURED  441.6 THORACOABDOMINAL ANEURYSM, RUPTURED  441.7 THORACOABDOMINAL ANEURYSM, WITHOUT MENTION OF RUPTURE  441.9 AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT MENTION OF RUPTURE |

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| 20 | aaarpr | Did the record document the patient had an AAA repair prior to [(computer to display earliest valid scrndt, abusdt or othrdt) OR (if no valid date computer to display: /or on stdyend)]?  1. Yes 2. No | 1, 2  If 2, autofill aaarprdt as 99/99/9999, rprtype as 95, and go to noscrn | **The intent of this question is to determine if the patient had an AAA repair prior to any abdominal imaging exam; OR if no abdominal imaging exam was performed, did the patient have an AAA repair prior to / or on the study end date.**  AAA repair is a procedure used to treat the aneurysm, once it meets the indications for repair. The procedure may be performed surgically through an open incision or in a minimally-invasive procedure called endovascular aneurysm repair (EVAR).  AAA repair at any VAMC or clinician report of AAA repair done in the private sector is sufficient to answer “1”.  **Applicable ICD-9 Procedure Codes include:**  **38.34 Resection vessel with anastomosis, aorta**  **38.36 Resection vessel with anastomosis; abdominal arteries**  **38.44 Resection vessel with replacement; aorta abdominal**  **38.64 Other excision of vessel; aorta**  **39.52 Other repair aneurysm**  **39.71 Endovascular implant graft in abdominal aorta**  **39.73 Endovascular implant graft in thoracic aorta** |
| 21 | aaarprdt | Enter the date the AAA repair was performed. | mm/dd/yyyy   |  | | --- | | < = 25 yrs prior to earliest valid scrndt, abdusdt or othrdt and <= stdyend.  If scrndt, abdusdt and othrdt < > valid, <= 25 yrs prior to or = stdybeg and <= stdyend |   Will be autofilled as 99/99/9999 if aaarpr = 2 | Enter the exact date. At a minimum, the month and year should be documented and entered accurately. If the day is unknown, enter 01 as the default.  If the only documentation available is for example, “patient had AAA repair at age 55”, abstractor may calculate a date by adding 55 to the patient’s birth date. (Example: Patient’s Date of Birth [DOB] is 01/01/1940, then enter 01/01/1995 for AAA repair date.) |

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| 22 | rprtype | What type of AAA repair was performed? 1. Open repair performed within the VHA  2. Open repair performed in private sector 3. Endovascular repair performed within the VHA  4. Endovascular repair performed in private sector  95. Not applicable 99. Type of repair not documented | 1, 2, 3, 4, 95, 99  Will be autofilled as 95 if aaarpr = 2  If 1,2,3,4, or 99 go to end. | **AAA Open repair:** involves an incision of the abdomen to directly visualize the aortic aneurysm. Procedure is performed in an operating room under general anesthesia. The aneurysm will be repaired using an artificial graft.  **Endovascular Aneurysm Repair (EVAR):** is aminimally-invasive procedure without a large abdominal incision. Procedure may be performed in an operating room, radiology department, or a catheterization laboratory. Repair is done using a stent-graft inserted through the femoral artery and advanced to the site of the aneurysm.  **Suggested data sources:** Operative reports, radiololgy reports, cath lab reports, progress notes.  **Applicable ICD-9 Procedure Codes include:**  **38.34 Resection vessel with anastomosis, aorta**  **38.36 Resection vessel with anastomosis; abdominal arteries**  **38.44 Resection vessel with replacement; aorta abdominal**  **38.64 Other excision of vessel; aorta**  **39.52 Other repair aneurysm**  **39.71 Endovascular implant graft in abdominal aorta**  **39.73 Endovascular implant graft in thoracic aorta** |

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| 23 | noscrn | On or after age 60, is there documentation by a physician/APN/PA that screening for AAA was not clinically indicated for this patient? 1. Yes 2. No | 1, 2  If 2, autofill noscrndt as 99/99/9999 | In order to answer “1”, the physician/APN/PA must document in a progress note that he/she does not believe that this patient will experience a net-benefit from AAA screening, i.e. no benefit is expected or benefits are not expected to outweigh harms because of one or both of the following:   * Life expectancy is less than 5 years because of diagnoses or clinical factors that are specified in the progress note ; AND/OR * Patient could not tolerate the further work-up or treatment (if the screen was positive) because of co-morbidities that are also specified in the progress note. |
| 24 | noscrndt | Enter the earliest date of documentation by a physician/APN/PA that screening for AAA was not clinically indicated for this patient. | mm/dd/yyyy   |  | | --- | | >= 60th birthday and <= stdyend |   Will be autofilled as 99/99/9999 if noscrn = 2 | Enter the exact date. At a minimum, the month and year should be documented and entered accurately. If the day is unknown, enter 01 as the default. |

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