Canadian Emergency Department Information Systems (CEDIS)

Minimum Data Set
for Electronic Information and Tracking Systems
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Draft version updated January 2002

Jump to:

Demographic Elements

Process and Time Elements

Clinical Elements

Utilization Elements

Critical Care Info

Elements Related to ED Costing

Clinical Elements - Trauma

CEDIS Data Legends: Many of these elements are defined further in the

CEDIS Data Legend Items A - I and

CEDIS Data Legend Items J - Z

NACRS = National Ambulatory Care Reporting System

CEDIS ELEMENT DESCRIPTION	Legend Item	CEDIS ELEMENT FIELD STATUS	NACRS ELEMENT	NACRS ELEMENT FIELD STATUS
DEMOGRAPHIC ELEMENTS back to top				
INSTITUTION NUMBER		MANDATORY		
CHART NUMBER*		MANDATORY	*NACRS element 1	MANDATORY
ENCOUNTER NUMBER*		MANDATORY	*NACRS element 8	MANDATORY
ENCOUNTER SEQUENCE NUMBER*		MANDATORY	*NACRS element 8b	MANDATORY
HEALTH CARE NUMBER*	Q	MANDATORY	*NACRS element 2	MANDATORY
PROVINCE ISSUE HCN*	R	MANDATORY	*NACRS element 3	MANDATORY
GENDER*	S	MANDATORY	*NACRS element 5	MANDATORY
BIRTHDATE*		MANDATORY	*NACRS element 6	MANDATORY
AGE		MANDATORY		
AGE UNKNOWN INDICATOR		MANDATORY		
RESPONSIBILITY FOR PAYMENT*	G	MANDATORY	*NACRS element 35	MANDATORY
POSTAL CODE*	C	MANDATORY	*NACRS element 4	MANDATORY
RESIDENCE CODE/GEOGRAPHIC*	F	MANDATORY	*NACRS element 34	MANDATORY
NAME		MANDATORY		
LANGUAGE	H	MANDATORY		
RESIDENCE TYPE*	T	PREFERRED	*NACRS element 29	OPTIONAL
MARITAL STATUS*	K	OPTIONAL	*NACRS element 46	MANDATORY
BIRTHDATE ESTIMATED*		OPTIONAL	*NACRS element 7	MANDATORY
RESIDENCE DESCRIPTION		OPTIONAL		
LIVING ARRANGEMENTS*	U	OPTIONAL	*NACRS element 28	OPTIONAL
HIGHEST LEVEL OF EDUCATION*	V	OPTIONAL	*NACRS element 30	OPTIONAL
OCCUPATION	P	OPTIONAL		

ARRIVAL DATE	MANDATORY		
ARRIVAL TIME	MANDATORY		
REGISTRATION DATE	MANDATORY		
REGISTRATION TIME*	MANDATORY	*NACRS element 22	MANDATORY
TRIAGE DATE	MANDATORY		
TRIAGE TIME	MANDATORY		
DATE FIRST SEEN BY RN	MANDATORY		
TIME FIRST SEEN BY RN	MANDATORY		
DATE FIRST SEEN BY MD	MANDATORY		
TIME FIRST SEEN BY MD	MANDATORY		
DATE CONSULTANT/PROVIDER CALLED	MANDATORY		
TIME CONSULTANT/PROVIDER CALLED	MANDATORY		
DATE CONSULTANT/PROVIDER ANSWERED	MANDATORY		
TIME CONSULTANT/PROVIDER ANSWERED	MANDATORY		
DATE CONSULTANT/PROVIDER ARRIVED	MANDATORY		
TIME CONSULTANT/PROVIDER ARRIVED	MANDATORY		
DISPOSITION DECISION DATE	MANDATORY		
DISPOSITION DECISION TIME	MANDATORY		
DATE OF DECISION TO ADMIT	MANDATORY		
TIME OF DECISION TO ADMIT*	MANDATORY	*NACRS element 47	MANDATORY
DEPARTURE DATE* (DATE VISIT COMPLETED)	MANDATORY	*NACRS element 21	MANDATORY
DEPARTURE TIME (DISPOSITION TIME*)	MANDATORY	*NACRS element 23	MANDATORY
ED ADMIT WAIT TIME (from time of decision to admit to disposition time)	MANDATORY		
LENGTH OF STAY (Triage TIME TO DEPARTURE TIME)	MANDATORY		
DEPARTURE DELAY REASON	PREFERRED		
DATE CONSULTATION COMPLETED	PREFERRED		
TIME CONSULTATION COMPLETED	PREFERRED		
TRIAGE REASSESSMENT DATE	OPTIONAL		
TRIAGE REASSESSMENT TIME	OPTIONAL		
DATE ED BED VACATED/DIRTY	OPTIONAL		
TIME ED BED VACATED/DIRTY	OPTIONAL		
ED DELAY TIME (disposition decision time to departure time)	ELIMINATED		
DATE OF VISIT*	ELIMINATED	*NACRS element 10	MANDATORY
TIME OF VISIT	ELIMINATED		
DATE ED BED READY	ELIMINATED		
TIME ED BED READY	ELIMINATED		
BED ASSIGNMENT IN HOSPITAL	ELIMINATED		

CLINICAL ELEMENTS				
back to top				
INSTITUTION TRANSFERRED FROM		MANDATORY		
MEANS OF ARRIVAL	D	MANDATORY		
AMBULANCE CALL NUMBER NO. DEFN*		MANDATORY	*NACRS element 49	OPTIONAL
TYPE OF ED VISIT (this replaces NACRS type of visit)	M	MANDATORY		
TRIAGE LEVEL*	N	MANDATORY	*NACRS element 20	MANDATORY
CHIEF COMPLAINT/REASON FOR VISIT		MANDATORY		
ED DIAGNOSIS (MAIN PROBLEM*)		MANDATORY	*NACRS element 15	MANDATORY
OTHER PROBLEM*		MANDATORY	*NACRS element 16	MANDATORY
E_CODE - EXTERNAL CAUSE OF INJURY/POISONING*		MANDATORY	*NACRS element 17	MANDATORY
PLACE OF INJURY EVENT		MANDATORY		
PRIMARY PROVIDER TYPE (the physician who sees the patient in the ED)*	B	MANDATORY	*NACRS element 12	MANDATORY
PROVIDER ID NUMBER		MANDATORY		
PROVIDER TYPE(S) (includes consultants and other health professionals)*	A	MANDATORY	*NACRS element 11	MANDATORY
MAIN INTERVENTION*		MANDATORY	*NACRS element 18	MANDATORY
ANAESTHETIC TECHNIQUE* (DAY SURGERY DATA ELEMENT)	J	MANDATORY	*NACRS element 36	OPTIONAL
BLOOD TRANSFUSION*		MANDATORY	*NACRS element 31	MANDATORY
BLOOD COMPONENTS/PRODUCTS*		MANDATORY	*NACRS element32a-e	MANDATORY
UNITS OF BLOOD TRANSFUSED *(NUMBER OF UNITS GIVEN)*		MANDATORY	*NACRS element 50a-e	OPTIONAL
VISIT DISPOSITION *	Y	MANDATORY (NEEDS REVISION)		
INSTITUTION TRANSFERRED TO		MANDATORY		
ACTIVITY WHEN INJURED*		PREFERRED	*NACRS element 33	OPTIONAL
DESCRIPTION OF INJURY EVENT		OPTIONAL		
REFERRAL SOURCE*	X	OPTIONAL	*NACRS element 26	OPTIONAL
MODE OF VISIT/CONTACT*	W	OPTIONAL	*NACRS element 25	OPTIONAL
TRIAGED BY		OPTIONAL		
DIAGNOSIS TYPE	I	OPTIONAL		
IMMUNIZATION		OPTIONAL		
MEDICATION ALLERGIES		OPTIONAL		
PROVIDER DESCRIPTION		OPTIONAL		
DOCTOR TYPE	L	OPTIONAL		
PROCEDURAL DOCTOR		OPTIONAL		
ED PROCEDURE TYPE not necessarily same as other interventions		OPTIONAL		
ANAESTHETIC PROVIDER		OPTIONAL		
ANAESTHETIST DESCRIPTION (DAY SURGERY DATA ELEMENT)		OPTIONAL		
ED REFERRED TO	Z	OPTIONAL (NEEDS REVISION)		

REFERRED TO*	OPTIONAL	*NACRS element 27	OPTIONAL
TYPE OF VISIT*	E ELIMINATED	*NACRS element 24	OPTIONAL
PROCEDURE (INTERVENTION) DATE	ELIMINATED		
OTHER INTERVENTIONS*	ELIMINATED (captured elsewhere)	*NACRS element 19	MANDATORY
ANAESTHETIST NUMBER (DAY SURGERY DATA ELEMENT)	ELIMINATED (captured elsewhere)		

UTILIZATION ELEMENTS back to top		
DATE LAB ORDERED	MANDATORY	
TIME LAB ORDERED	MANDATORY	
DATE LAB SPECIMEN DRAWN	MANDATORY	
TIME LAB SPECIMEN DRAWN	MANDATORY	
DATE LAB RECEIVED SPECIMEN	MANDATORY	
TIME LAB RECEIVED SPECIMEN	MANDATORY	
DATE LAB REPORTED TO ED	MANDATORY	
TIME LAB REPORTED TO ED	MANDATORY	
DATE XRAY REQUESTED	MANDATORY	
TIME XRAY REQUESTED	MANDATORY	
DATE XRAY PERFORMED	MANDATORY	
TIME XRAY PERFORMED	MANDATORY	
DATE XRAY REPORTED	MANDATORY	
TIME XRAY REPORTED	MANDATORY	
ED MEDICATION ORDERING DATE	OPTIONAL	
ED MEDICATION ORDERING TIME	OPTIONAL	
ED MEDICATION DATE DELIVERED	OPTIONAL	
ED MEDICATION TIME DELIVERED	OPTIONAL	
ED MEDICATION ORDERING PHYSICIAN	OPTIONAL	

CRITICAL CARE INFO back to top	
Ambulance diversion elements	needs further review
Observation Unit elements	needs further review

NACRS ELEMENTS RELATED TO ED back to top			
MIS FUNCTIONAL CENTRE CODE*	unable to comment	*NACRS element 37	MANDATORY
VISIT MIS FUNCTIONAL CENTER CODE*	unable to comment	*NACRS element 9	OPTIONAL
PATIENT-SPECIFIC TOTAL DIRECT COST (by MIS FUNCTIONAL CENTRE)*	unable to comment	*NACRS element 38	OPTIONAL
PATIENT-SPECIFIC TOTAL INDIRECT COST (by MIS FUNCTIONAL CENTRE)	unable to comment		
PATIENT-SPECIFIC SUPPLIES*	unable to comment	*NACRS element 40	OPTIONAL

REVISED TRAUMA SCORE	OPTIONAL added
TRAUMA REGISTRY	ELIMINATED
GCS	ELIMINATED
ISS	ELIMINATED
REVISED ISS	ELIMINATED
WEIGHTED TRAUMA SCORE	ELIMINATED
PROBABILITY OF SURVIVAL SCORE	ELIMINATED

Canadian Emergency Department Information Systems (CEDIS)

Data Legends A through I
for CEDIS Data Elements
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LEGEND A -
PROVIDER TYPES- SERVICE

	SERVICE PROVIDER		SERVICE PROVIDER		SERVICE PROVIDER
00000	PHYSICIAN GROUP	00018	Respirologist	00036	Thoracic Surgery
00001	Family Practitioner	00019	Rheumatologist	00037	Vascular Surgeon
00002	Community Medicine/Public Health Physician	00020	Paediatrician	00038	
00003	Emergency Medicine	00021	Paed. Clinical Immunologist & Allergist	00039	Urologist
00004		00022	Paediatric Cardiologist	00040	Paediatric Surgeon
00005		00023		00041	
00006	Resident	00024	Paed. Endocrinologist & Metabolism Specialist	00042	
00007	General Practitioner	00025	Paed. Gastro-Enterologist	00043	
00008		00026	Paed. Nephrologist	00044	
00009		00027		00045	
00010	Internist	00028	Paed. Respirologist	00046	
00011	Clinical Immunologist & Allergist	00029		00047	
00012	Cardiologist	00030	General Surgeon	00048	
00013	Dermatologist	00031	Cardiac Surgeon	00049	
00014	Endocrinologist & Metabolism Specialist	00032	Neurosurgeon	00050	Obstetrician & Gynaecologist
00015	Gastroenterologist	00033	Oral Surgeon (for use with the DAD only)	00051	Gyne-Repro. Endocrin. & Infertility
00016	Nephrologist	00034	Orthopaedic Surgeon	00052	Midwife (for use with the DAD only)
00017	Neurologist	00035	Plastic Surgeon	00053	

	SERVICE PROVIDER		SERVICE PROVIDER		SERVICE PROVIDER
00054	Maternal-Fetal Medicine Specialist	00074	Medical Oncologist	00094	
00055	Critical Care Medicine Specialist	00075	Radiation Oncologist	00095	
00056	Clinical Phamacologist	00076	Gynaecological Oncologist	00096	Infectious Disease
00057	Anaesthesiologist	00077	General Pathologist	00097	Neonatologist/ Perinatologist
00058		00078	Medical Microbiologist	00098	
00059		00079		00099	
00060	Otolaryngologist	00080	Diagnostic Radiologist	01000	DENTISTRY GROUP
00061		00081		01001	Dentist
00062	Ophthalmologist	00082	Medical Geneticist	01002	Dental Surgeon
00063		00083	Anatomical Pathologist	01003	Oral Surgeon
00064	Psychiatrist	00084		01004	Orthodontist
00065		00085	Haematological Pathologist	01005	Paedodontist
00066	Haematologist	00086	Neuropathologist	01006	Periodontist
00067	Paediatric Haematologist	00087	Dentist (for use with the DAD only)	01007	Oral Pathologist
00068	Clinical Immunologist	00088		01008	Endodontist
00069		00089	Nuclear Medicine Specialist	01009	Oral Radiologist
00070	Physical Medicine & Rehabilitation Specialist.	00090	Medical Biochemist	01010	Dental Hygienist/Asst.

00071		00091	Podiatrist (for use with the DAD only)	01011	Dental Mechanic
00072	Medical Geriatrics	00092		01050 to 01999	User Defined Dentistry
00073		00093		02000	PODIATRY/ CHIROPODY

	SERVICE PROVIDER		SERVICE PROVIDER		SERVICE PROVIDER
02001	Podiatrist	05000	Chiropractor	15000	Psychologist
02002	Chiropodist	06000	Dietitian	16000	Pastor
03000	THERAPIST GROUP	07000	Osteopath	17000	TECHNICIAN
03001	Radiotherapist	08000	Optometrist	17001	Xray Technician
03002	Physiotherapist	09000	Orthoptician/ Prosthetician	17002	Lab. Technician
03003	Occupational Therapist	10000	Naturopath	17003	Nuclear Medicine Tech.
03004	Respiratory Therapist	11000	NURSING GROUP	17004 to 17049	For CIHI Expansion of Technicians
03005	Massage Therapist	11001	Registered Nurse	17050 to 17999	User Defined Technicians
03006	Psychotherapist	11002	CNA/RNA/LPN	18000	Alternative Healer
03007	Recreation Therapist	11003	Nurse Practitioner	19000	Language Interpreter
03008	Therapy Assistant	11004	Midwife	20000	Home Support/Home Care Worker
03009	Speech Language Pathologist	11005	Nurse Aide/Healthcare Aide	21000- 99999	For CIHI Expansion
03011	Kinesiologist	11006 to 11049	For CIHI Expansion of Nursing		
03012	Rehabilitation Counselor	11050 to 11999	User Defined Nursing		
03013 to 03049	for CIHI Expansion	12000	Social Worker		
03050 to 03999	Use Defined	13000	Pharmacist		
04000	Audiologist	14000	Physicist in Medicine		

LEGEND B - PROVIDER TYPE

PROVIDER TYPE

0	First Occurrence of provider type not	2	Physician
1	First Occurrence of provider type is primary	3	Resident
		4	Clerk

LEGEND C - Postal Code

Code	Location	Code	Location	Code	Location
0	Newfoundland	28	District of Columbia, USA	51	New Mexico, USA
1	Prince Edward Island	29	Florida, USA	52	New York, USA
2	Nova Scotia	30	Georgia, USA	53	North Carolina, USA
3	New Brunswick	31	Hawaii, USA	54	North Dakota, USA
4	Quebec	32	Idaho, USA	55	Ohio, USA
5	Ontario	33	Illinois, USA	56	Oklahoma, USA
6	Manitoba	34	Indiana, USA	57	Oregon, USA
7	Saskatchewan	35	Iowa, USA	58	Pennsylvania, USA
8	Alberta	36	Kansas, USA	59	Rhode Island, USA
9	British Columbia	37	Kentucky, USA	60	South Carolina, USA
10	Northwest Territories	38	Louisiana, USA	61	South Dakota, USA
11	Yukon Territories	39	Maine, USA	62	Tennessee, USA
12	United States of America	40	Maryland, USA	63	Texas, USA

13	Other Country	41	Massachusetts, USA	64	Utah, USA
14	Postal code not available	42	Michigan, USA	65	Vermont, USA
20	Alabama, USA	43	Minnesota, USA	66	Virginia, USA
21	Alaska, USA	44	Mississippi, USA	67	Washington, USA
22	Arizona, USA	45	Missouri, USA	68	West Virginia, USA
23	Arkansas, USA	46	Montana, USA	69	Wisconsin, USA
24	California, USA	47	Nebraska, USA	70	Wyoming, USA
25	Colorado, USA	48	Nevada, USA	75	State Unknown, USA
26	Connecticut, USA	49	New Hampshire, USA	80	Reserved
27	Delaware, USA	50	New Jersey, USA		

LEGEND D -
AMBULANCE

CODE	DESCRIPTION	
G	GROUND AMBULANCE*	
A	AIR AMBULANCE/FIXED WING*	
W	WATER AMBULANCE	* all the elements in VIC
C	COMBINATION OF ANY OF THE ABOVE	
H	HELICOPTER*	
V	PRIVATE CAR*	
P	POLICE VEHICLE*	
PA	PRIVATE SUPPLYING TRANSPORT (AMBULANCE)*	
I	WALK IN/PUBLIC TRANSPORT	
M	OTHER*	

LEGEND E -
READMISSION

CODE	DESCRIPTION
1	FIRST VISIT FOR THIS PROBLEM/REASON
2	SUBSEQUENT VISIT FOR THIS PROBLEM/REASON
3	END VISIT FOR THIS PROBLEM/REASON/(DISCHARGE FROM SERVICE)
	(CAN FURTHER EXPAND ON THIS TO INCLUDE):
4	READMIT WITH UNRELAT. DX WITHIN 1 MONTH
5	READMIT WITH RELAT. DX WITHIN 1 YR
6	READMIT WITH UNRELAT. DX WITHIN 1 YR
7	READMIT OVER 1 YR
8	NEW ADMISSION(VISIT)
9	UNKNOWN
0	READMIT WITH UNRELAT. DX WITHIN 1 MONTH

LEGEND F -
RESIDENCE CODES
(IN COMPLIANCE WITH MOH RESIDENCE CODING MANUAL)
(MUST HAVE LINK WITH POSTAL CODE (FSA) TO SELECT CORRECT
RESIDENCE CODE)

LEGEND G -
RESPONSIBILITY FOR PAYMENT

CODE	DESCRIPTION	
1	OHIP	change to PROVINCIAL HEALTH PLAN
2	WCB/WCB HOSPITAL STAFF	
3	OTHER PROVINCE	
4	NON-RESIDENT OF CANADA	
5	DVA/FEDERAL GOVT/DIA/RCMP	
6	UNINSURED RESIDENT /UNKNOWN	

LEGEND H -
LANGUAGE

1	ALGONQUINA LANG N.I.E.	15	DANISH	29	INDONESIAN
2	ATHAPASKAN LAN. N.I.E.	16	DOGRIB	30	INUKTITUT
3	ARABIC	17	DUTCH/FLEMISH	31	ITALIAN
4	ARMENIAN	18	ENGLISH	32	JAPANESE
5	BENGALI	19	ESTONIAN	33	KHMER
6	BLACKFOOT	20	FINNISH	34	KOREAN
7	BULGARIAN	21	FRENCH	35	KURDISH
8	CANTONESE	22	GERMAN	36	LAO

9	CHINESE	23	GREEK	37	LATVIAN
10	CREE	24	GUJARATI	38	LEBANESE
11	CREOLES	25	HEBREW	39	LITHUARIAN
12	CROATIAN	26	HINDU	40	MACEDONIAN
13	CZECH	27	HUNGARIAN	41	MALAYALAM
14	DAKOTA	28	INO-IRANIAN.N.I.E.	42	MALAYO- POLYNESIAN LAN.
43	MALTESE	57	SINHALESE/SRI LANKAN	71	URDU
44	MICMAC	58	SINO-TIBETAN LANG	72	VIETNAMESE
45	MONTAGNAIS- NASKAPI	59	SLAVIC LAN	73	YIDDISH
46	OJIBWAY	60	SLOVAK	74	AFRICAN LANG NOT CLASS
47	PASHTO	61	SLOVIAN	75	ASIAN LANGUAGE NOT CLASS
48	PERSIAN	62	SOMALIAN	76	LANGUAGE NOT
49	POLISH	63	SOUTH SLAVE	77	SIGN LANGUAGE
50	PORTUGUESE	64	SPANISH	78	CLIENT DEFINED
51	PUNJABI	65	SWEDISH		
52	ROMANIAN	66	TAMIL		
53	RUSSIAN	67	TAGALOG		
54	SEMITIC LANG	68	THAI		
55	SERBIAN	69	TURKISH		
56	SERBO-CROATION	70	UKRAINIAN		

LEGEND I -
DIAGNOSIS TYPE

CODE	DESCRIPTION
M	MOST RESPONSIBLE DIAGNOSIS
1	OTHER CO-MORBID CONDITION
2	COMPLICATION
3	POST-ADMIT CO-MORBIDITY
4	MORPHOLOGY
9	EXTERNAL CAUSE OF INJURY
5-8	OPTIONAL

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Data Legends J through Z
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LEGEND J -
ANAESTHETIC TECHNIQUE

CODE	DESCRIPTION				
1	LOCAL	5	TOPICAL	9	OTHER
2	EPIDURAL	6	REGIONAL BLOCK	0	NONE
3	SPINAL	7	IV SEDATION		
4	GENERAL	8	NEUROLEPT		

LEGEND K -
MARITAL STATUS

CODE	DESCRIPTION
1	SINGLE
2	MARRIED
3	WIDOWED
4	DIVORCED
5	SEPARATED
6	COMMON-LAW
7	UNKNOWN
8*	OTHER

LEGEND L -
DOCTOR TYPE

CODE	DESCRIPTION
M	MOST RESPONSIBLE
2	ADMITTING DOCTOR
3	OTHER RESPONSIBLE DOCTOR
4	CONSULTANT
5	RESIDENT
7-9	OPTIONAL

LEGEND M -
TYPE OF VISIT

1	Emergency Presentation	Visit is a result of a clinical condition which has not been treated by any hospital (inpatient or ED) recently (within 72 hours)
2	Return Visit - planned attendance	Presentation is planned and is a result of a previous ED presentation or return visit (within 72 hours from own facility). It may be for planned follow-up treatment or as a consequence of test results indicating need for further treatment.

3	RETURN VISIT (Unplanned attendance)	Patient previously visited an ED (any facility within 72 hours) and treatment was completed with no further visit planned. The visit may be following a previous admitted patient episode.
4	Outpatient or Outpatient clinic	Planned presentation to either a formal or informal clinic where the distinguishing criterion is that an appointment has been made.
5	Privately referred and privatley treated	Referred to the ED by a private medical officer (specialist or GP) and treated within the ED by the practitioner who referred the patient. Visit is usually by appointment, and practitioner bills patient privately.
8	Pre-arranged admission - clerical, nursing, clinical	A patient who presents at the ED for either clerical, nursing or medical processes to be undertaken. Admission has been arranged by the referring physician.
9	Patient in Transit	The ED is responsible for the care and treatment of a patient awaiting transport to another institution.
10	Dead on Arrival	
6	Referred to Emergency Physician for consultation from clinic or office	
7	Referred to emergency for other specified consultant service	
11	Referred by telephone triage/telehealth	

LEGEND N -
TRIAGE LEVEL

1	RESUSCITATION
2	EMERGENT
3	URGENT
4	LESS-URGENT
5	NON-URGENT

LEGEND - O
ACTIVITY WHEN INJURED

1	SPORTS ACTIVITY
2	LEISURE ACTIVITY
3	WORKING FOR INCOME (INCLUDES
4	OTHER TYPE OF WORK (INCLUDES UNPAID HOUSEWORK)
5	RESTING, SLEEPING, EATING, OTHER PERSONAL ACTIVITY

6	DURING THE PROVISION OF HEALTH SERVICES (AS A CLIENT)
7	ENGAGED IN FORMAL EDUCATION ACTIVITY(AS A STUDENT)
8	OTHER SPECIFIED ACTIVITY
9	UNSPECIFIED ACTIVITY

LEGEND P -
OCCUPATION

1	MANAGER & ADMINISTRATION
2	PROFESSIONALS
3	PARAPROFESSIONALS
4	TRADESPERSON
5	CLERICAL
6	SALESPERSONS/PERSONAL SERV PERSON
7	PLANT & MACHINE OPER/DRIVERS
8	LABOURERS/RELATED WORKERS
9	UNEMPLOYED
10	CHILD NOT AT SCHOOL
11	STUDENT
12	HOME DUTIES
13	RETIRED
98	OTHER
99	UNKNOWN

LEGEND Q -
HEALTH CARE NUMBER

0	Health Care number unavailable
1	Health Care number not applicable
	Applies to non-residents of Canada & Residents who do not have a HCN

LEGEND R -
PROVINCE ISSUE HCN

0	Newfoundland
1	Prince Edward Island
2	Nova Scotia
3	New Brunswick
4	Quebec
5	Ontario
6	Manitoba
7	Saskatchewan
8	Alberta
9	British Columbia
10	Northwest Territories
11	Yukon Territories
99	Not Applicable

Need to add Nunavut?

LEGEND S -
GENDER
1   Male
2   Female
3   Other

LEGEND T -
RESIDENCE TYPE
1   Living in a Private Dwelling
2   Living in a Residential Facility (assisted/supervised living arrangement
3   Homeless
4   Shelter
9   Unknown
5   Nursing Home/Long Term Care
6   Penal Institute

LEGEND U -
LIVING ARRANGEMENTS
1   Living with Spouse/Partner
2   Living with Family (includes extended)
3   Living with Non Family Only
4   Living Alone
5   Unknown

LEGEND V -
HIGHEST LEVEL OF EDUCATION
0   None - No formal education or training
1   Elementary - Primary grades prior to high school
2   Secondary - Some high school training without graduation
3   Secondary - High school diploma or certificate
4   Post-Secondary - Non University or University training without completion
5   Post-Secondary - Non University completed
6   Post-Secondary - University completed
9   Unknown=Use this category only if this information is not available

LEGEND W -
MODE OF VISIT/CONTACT
1   VISIT (FACE-TO-FACE) WITH INDIVIDUAL CLIENT/FAMILY AT FACILITY
2   VISIT (FACE-TO-FACE) WITH A GROUP OF CLIENTS AT FACILITY
3   TELEPHONE CONTACT WITH CLIENT
4   VIDEOCONFERENCE CONTACT WITH CLIENT
5   VISIT WITH CLIENT OFF-SITE IN CLIENT'S
6   VISIT WITH CLIENT OFF-SITE AT OUTREACH SETTING
7   VISIT WITH CLIENT IN OTHER SETTING

LEGEND X -
REFERRAL SOURCE
1   SELF/FAMILY
2   INPATIENT SERVICE
3   AMBULATORY CARE SERVICE (FACILITY
4   PRIVATE PRACTICE
5   DRUG DEPENDENCY SERVICE
6   COMMUNITY HEALTH SERVICE (includes public health)
7   RESIDENTIAL CARE FACILITY
8   LEGAL SERVICE (POLICE,PAROLE OFFICER,COURT)
9   EDUCATIONAL AGENCY
10   HOME CARE
98   OTHER (INCLUDES REFERRAL FROM ANOTHER FACILITY)
99   UNKNOWN

LEGEND Y -
VISIT DISPOSITION

1	DISCHARGE TO PLACE OF RESIDENCE
2	CLIENT NOT SEEN BY ANY HEALTH CARE PROVIDER
3	LEFT AGAINST MEDICAL ADVICE/REFUSED TREATMENT
4	ADMITTED AS INPATIENT TO CCU OR O.R. IN OWN FACILITY
5	ADMITTED AS INPT (IN OWN FACILITY)
6	TRANSFERRED TO ANOTHER FACILITY (ACUTE OR OTHER)
7	DEATH AFTER ARRIVAL (DAA)/died in ER (DIE) from NACRS
8	DOA
9	TRANSFER TO DAY SURGERY (FROM NACRS) IN OWN FACILITY
10	TRANSFER TO ER IN OWN FACILITY
11	TRANSFER TO CLINIC IN SAME FACILITY

LEGEND Z -
ED REFERRED TO

1	REVIEW IN ED SCHEDULED
2	REVIEW IN ED AS REQUIRED
3	OUTPATIENTS
4	FAMILY PHYSICIAN
5	MEDICAL SPECIALIST
6	OTHER SPECIALIST HEALTH PRACTITIONER
7	HOME NURSING SERVICES
8	SPECIALIZED COMMUNITY SERVICES EG. DETOX, RAPE CRISIS, CRISIS INTERVENTION
16	NO REFERRAL
17	NOT KNOWN
18	OTHER
19	NOT APPLICABLE EG.ADMITTED, DIED, TRANSFERRED
20	INPATIENT SERVICE
21	AMBULATORY CARE SERVICE
22	PRIVATE PRACTICE
23	DRUG DEPENDENCY SERVICE
24	COMMUNITY HEALTH SERVICE
25	SPECIAL CARE HOME
26	LEGAL SERVICE (POLICE,COURT…)
98	OTHER