

# Figure 1

## Checklist Used for Gathering Information

<b>Abstract form</b>			
<b>Hospital:</b> .....	<b>Record number:</b> .....	<b>Admission date:</b> .....	
<b>Procedure done:</b> .....			
<b>Nature</b> .....	Not documented <input type="checkbox"/>	<b>Topography:</b> .....	Not documented <input type="checkbox"/>
<b>Approach:</b> .....	Not documented <input type="checkbox"/>	<b>Device:</b> .....	Not documented <input type="checkbox"/>
<b>Direction:</b>	One-sided <input type="checkbox"/>	Two-sided <input type="checkbox"/>	Not documented <input type="checkbox"/>
<b>Other information:</b> .....			
<b>Readability:</b>	Readable <input type="checkbox"/>	Unreadable <input type="checkbox"/>	
<b>Abbreviations:</b>	Clear <input type="checkbox"/>	Obscure <input type="checkbox"/>	Without abbreviation <input type="checkbox"/>
<b>Studying the information:</b>	Only face sheet <input type="checkbox"/>	Face sheet and other forms <input type="checkbox"/>	
<b>Did the coder code this record with the ICD-9-CM book?</b>			
<b>YES:</b>	Only alphabetical index <input type="checkbox"/>	Alphabetical index and rechecking in tabular list <input type="checkbox"/>	
<b>No:</b>	(Memory-based coding) <input type="checkbox"/>		
<b>Coder's education:</b>	Associate's degree <input type="checkbox"/>	Bachelor's degree <input type="checkbox"/>	
<b>Coder's experience:</b>	≤ five years <input type="checkbox"/>	> five years <input type="checkbox"/>	