HOSPITAL PAGE

1. Person number — *Write in and mark* [ ]

Person number

Enter month, day, year; if the exact date is not known, obtain the best estimate.

USE YOUR CALENDAR

YOU SAID THAT – – WAS IN THE (HOSPITAL/NURSING HOME) DURING THE PAST YEAR:

2. WHEN DID – – ENTER THE (HOSPITAL/NURSING HOME) (THE LAST TIME)?

Write in

Month [ ]
Day [ ]
Year [ ]

Make sure the YEAR is correct. →

Do not include any nights in interview week. If the exact number is not known, accept the best estimate.

3. HOW MANY NIGHTS WAS – – IN THE (HOSPITAL/NURSING HOME)?

Total nights in hospital – nursing home [ ]

Complete question 4 from entries in questions 2 and 3; if not clear, ask the questions.

4a. HOW MANY OF THESE – – NIGHTS WERE IN THE PAST 12 MONTHS?

Nights past 12 months [ ]

Do not include any nights in interview week.

b. HOW MANY OF THESE – – NIGHTS WERE LAST WEEK OR THE WEEK BEFORE?

Nights past 2 weeks [ ]

USE YOUR CALENDAR

c. WAS – – STILL IN THE (HOSPITAL/NURSING HOME) LAST SUNDAY NIGHT FOR THIS HOSPITALIZATION (STAY)? ☐ Yes ☐ No

If medical name not known, enter an adequate description.

5. FOR WHAT CONDITION DID – – ENTER THE (HOSPITAL/NURSING HOME) — DO YOU KNOW THE MEDICAL NAME?

For delivery ask: WAS THIS A NORMAL DELIVERY?
For newborn, ask: WAS THE BABY NORMAL AT BIRTH?
If "No" ask: WHAT WAS THE MATTER? *Record in "Condition" box*

Entry must show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.

Condition
Cause
Kind
Part of body

If name of operation is not known, describe what was done.

6a. WERE ANY OPERATIONS PERFORMED ON – – DURING THIS STAY AT THE (HOSPITAL/NURSING HOME.)? ☐ Yes ☐ No – *Go to 7*

b. WHAT WAS THE NAME OF THE OPERATION?

Operation

c. ANY OTHER OPERATIONS? ☐ Yes – *Describe above* ☐ No

Enter the full name of the hospital or nursing home; the street or highway on which it is located, and the city and State; if the city is not known, enter the county.

7. WHAT IS THE NAME AND ADDRESS OF THE (HOSPITAL/NURSING HOME)?

Name of Hospital
Street
City (or county)
State

→ *CONTINUED ON NEXT PAGE* ←

WASHINGTON USE

Month — Jan ○ Feb ○ Mar ○ Apr ○ May ○ June ○ July ○ Aug ○ Sept ○ Oct ○ Nov ○ Dec ○
Day
Year
Nights
Q. No. — 15 ○ 16 ○ 17 ○ Hosp. Other
Diag.
Diagnosis surgically treated
Operation 1
Operation 2
Operation 3
Service
Ownership
IC or dum. code
Footnotes:

HOSPITAL PAGE (CONT'D) | *ASK QUESTIONS 8-10 FOR ALL COMPLETED HOSPITALIZATIONS* | *Mark one circle* → "Yes" in Q. 4c - *Go to 14* ○ / "No" in Q. 4c - *Ask 8-10* ○

Ask if "No" marked in question 4c:

8. WHAT WAS THE TOTAL AMOUNT OF THE (HOSPITAL/NURSING HOME) BILL FOR THIS STAY? DO NOT INCLUDE DOCTORS' OR SURGEONS' BILLS. — Dollars | Cents

WASHINGTON USE
Tot. Amount

9a. DID (WILL) HEALTH INSURANCE PAY ANY PART OF THIS BILL? ☐ Yes ☐ No - *Go to 10*

Name of Insurance Plan	Dollars	Cents
b. WHAT IS THE NAME OF THE INSURANCE PLAN? →		
c. DID (WILL) ANY OTHER HEALTH INSURANCE PLAN PAY PART OF THIS (HOSPITAL/NURSING HOME) BILL? *If "Yes" Reask 9b*		
For each Health Insurance Plan named, ask: d. WHAT WAS (WILL BE) THE AMOUNT PAID BY (Name of Plan)? →		

10. Source 1
A B C D E F G H I DK
Amount BL DK

Enter total amount paid by health insurance in line A →
Enter ANY amount paid by Social Security Medicare in line B ↘

	Dollars	Cents
A ☐ Health insurance - *All plans-exclude Medicare*		
B ☐ Social Security Medicare		
C ☐ Self and/or Family		
D ☐ Relative not in household		
E ☐ Friend		
F ☐ Kerr Mills or other Fed. Plans		
G ☐ Armed Forces Medicare		
H ☐ State or Local Welfare Agency		
I ☐ Other *Specify*		
TOTAL OF ABOVE - *include amount paid by health insurance* →		

10a. WHO PAID (WILL PAY) THE (REMAINDER OF THE) HOSPITAL BILL? *Mark each category mentioned*

b. DID ANY OTHER PERSON OR AGENCY PAY ANY OTHER PART OF THE HOSPITAL BILL?
☐ Yes - *Ask 10c* ☐ No - *Go to 10d*

c. WHO WAS THIS? *Mark each category mentioned*

d. WHAT WAS THE AMOUNT PAID BY - -?
Enter amount paid opposite appropriate category.

INTERVIEWER:
Add amounts entered (include any amount paid by health insurance) and enter in TOTAL box, then mark one of the following boxes.
☐ Total amount paid (to be paid) agrees with amount of hospital bill - *Go to Q. 11*
☐ Total amount paid (to be paid) does NOT agree with amount of hospital bill - *Resolve difference with respondent.*

10. Source 2
A B C D E F G H I DK
Amount BL DK

10. Source 3
A B C D E F G H I DK
Amount BL DK

10. Source 4
A B C D E F G H I DK
Amount BL DK

ASK QUESTIONS 11 - 13 IF PERSON IS 55 YEARS OLD OR OVER Mark one circle → Under 55 - *Go to 14* ○ | 55 or over - *Ask 11a* ○

11a. WHEN - - LEFT (Name of hospital/nursing home), DID HE RETURN HOME OR GO SOME OTHER PLACE?
☐ Home - *Go to Question 12*
☐ Some other place - *Ask Question 11b*

WASHINGTON USE

b. WHAT KIND OF PLACE DID - - GO TO? *Specify* →

INTERVIEWER:
If the "Place" in 11b is a Hospital, Nursing Home or a similar place, was a Hospital Page filled for that stay? Mark one box.
☐ Hospital page filled - *Stop*
☐ Hospital page not filled - *Fill Hosp. page for unreported stay.*

12. AFTER LEAVING THE (HOSPITAL/NURSING HOME,) HOW MANY DAYS DID - - HAVE TO REMAIN IN BED ALL OR MOST OF THE DAY? *Mark entry* →
Still in bed - *Go to 14* ○ | None ○ | DK ○

13. (ALTOGETHER) HOW MANY DAYS WAS - - CONFINED TO THE HOUSE AFTER RETURNING HOME FROM THE (HOSPITAL/NURSING HOME.)? *Mark entry* →
Still confined to house ○ | None ○ | DK ○

14. NOTE TO INTERVIEWER:
If the condition in question 5 or 6 is on Card A (A-1, A-2) or B (B-1, B-2) or there is "1" or more nights in question 4b, the condition must have a completed Condition page. If the condition does not have a Condition page, fill one after completing all required Hospital pages.