

HOSPITAL PAGE

We are also collecting information on hospital and surgical costs. Before I ask the next questions, it would be helpful if you would get the hospital bills and any surgeon's bills for the hospital stay(s) you told me about for ---, ---, etc. (and the doctor's bill for --- delivery.)

1. Person number → Probe I.C. or Dum.

USE YOUR CALENDAR
Make sure the YEAR is correct

You said that --- was in the hospital (nursing home) during the past year --
2. When did --- enter the hospital (nursing home) (the last time)? → Month Day Year

3. What is the name and address of this hospital (nursing home)?
Name
Street City (or county) State

4. How many nights was --- in the hospital (nursing home)? →

5a. How many of these --- nights were during the past 12 months? →

b. How many of these --- nights were during the past 2 weeks? →

c. Was --- still in the hospital (nursing home) last Sunday night for this hospitalization (stay)? Yes No

If medical name unknown, enter an adequate description.
Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.

6. For what condition did --- enter the hospital (nursing home) - do you know the medical name? → Condition
Cause
Kind
Part of body

For delivery, ask: Was this a normal delivery? Yes (8) No
For newborn, ask: Was the baby normal at birth? Yes (8) No
What was the matter?

Ask for all conditions EXCEPT deliveries and births.
7. Was this the first time --- was hospitalized for . . . ? Yes No

If name of operation is not known, describe what was done.
8a. Were any operations performed on --- during this stay at the hospital (nursing home)? Yes No (Item T)

b. What was the name of the operation? →
c. Any other operations? Yes (Describe) No

Mark appropriate box(es): 1 "Yes" in Q. 5c (19) "No" in Q. 5c (Mark one box) → 2 Under 55 (12) 55 and over (9a)

9a. When --- left (name of hospital/nursing home) did he return home or go some other place? Home (10) Some other place (9b)

b. What kind of place did --- go to? (Specify)
Interviewer: If the place in 9b is a hospital, nursing home or similar place, was a Hospital page filled for that stay?
 Hospital page filled (12) Hospital page not filled (Fill Hospital page for unreported stay after completing Q's 12 - 18 for this stay)

10. After leaving the hospital (nursing home) how many days did --- have to remain in bed all or most of the day? days
000 None Still in bed

11. ALTOGETHER how many days was --- confined to the house after returning home from the hospital (nursing home)? days
000 None Still confined to house

Enter the person number and the date of entry _____		PERSON NO.	DATE OF ENTRY				
		Month	Day	Year			
12. Ask questions 13 through 18 for each completed hospitalization							
13. What was the total amount of the hospital bill for this stay? Do not include any doctor's or surgeon's bills. <input type="checkbox"/> Estimate, bill received <input type="checkbox"/> Estimate, bill not received <input type="checkbox"/> From bill					Dollars	Cents	
14a. Did (will) health insurance pay any part of the hospital bill? <input type="checkbox"/> Yes <input type="checkbox"/> No (15a)					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 bill? <input type="checkbox"/> Yes (Reask 14b) <input type="checkbox"/> No							
d. What was (will be) the amount paid by (name of plan)? _____							
15a. Who paid (will pay) the hospital bill? Enter total amount paid by health insurance in line A. Enter any amount paid by Social Security Medicare in line B.					Source of payment	Dollars	Cents
b. Did (you or) any other person or agency pay any other part of the hospital bill? <input type="checkbox"/> Yes (15c and reask 15b) <input type="checkbox"/> No (15d or Int. Check Item)					A. 1 <input type="checkbox"/> Health insurance (All plans excluding Medicare)		
c. Who was this? _____					B. 2 <input type="checkbox"/> Social Security Medicare		
d. What was the amount paid by --?					C. 3 <input type="checkbox"/> Self and family in household		
					D. 4 <input type="checkbox"/> Other (Specify) <u> </u>		
INTERVIEWER CHECK ITEM	0 <input type="checkbox"/> No operation (19)		1 <input type="checkbox"/> Operation or delivery (16a)		Dollars	Cents	
16a. What was the amount of the surgeon's (doctor's) bill for this operation (delivery)? <input type="checkbox"/> Estimate, bill received <input type="checkbox"/> Estimate, bill not received <input type="checkbox"/> From bill							
b. Is the \$ _____ for the surgeon's (doctor's) bill included in the \$ _____ amount you gave for the hospital bill? 1 <input type="checkbox"/> Yes (In a footnote, indicate the actual amount of the hospital bill after deducting the surgeon's (doctor's) bills; also indicate any changes in the amounts paid by health insurance or other sources if the entries in questions 14 and 15 include payments for expenses other than the hospital bill.) (17) <input type="checkbox"/> No (17)							
17a. Did (will) health insurance pay any part of the surgeon's (doctor's) bill? <input type="checkbox"/> Yes <input type="checkbox"/> No (18a)					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 the surgeon's (doctor's) bill? <input type="checkbox"/> Yes (Reask 17b) <input type="checkbox"/> No							
d. What was (will be) the amount paid by (name of plan)? _____							
18a. Who paid (will pay) the surgeon's (doctor's) bill? Enter total amount paid by health insurance in line A. Enter any amount paid by Social Security Medicare in line B.					Source of payment	Dollars	Cents
b. Did (you or) any other person or agency pay any other part of the surgeon's (doctor's) bill? <input type="checkbox"/> Yes (18c and reask 18b) <input type="checkbox"/> No (18d or 19)					A. 1 <input type="checkbox"/> Health insurance (All plans excluding Medicare)		
c. Who was this? _____					B. 2 <input type="checkbox"/> Social Security Medicare		
d. What was the amount paid by --?					C. 3 <input type="checkbox"/> Self and family in household		
					D. 4 <input type="checkbox"/> Other (Specify) <u> </u>		
19. NOTE: If the condition in Q. 6 or 8 is on Card D, or there are "1" or more nights in Q. 5b, a Condition page is required. If there is no Condition page, fill one after completing all required Hospital pages.							