

HOSPITAL PAGE						
		1.	Person number _____			
<p>You said that --- was in the hospital (nursing home) during the past year.</p>		USE YOUR CALENDAR Make sure the YEAR is correct				
2. When did --- enter the hospital (nursing home) (the last time)?		2.	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Month _____</td> <td style="width: 33%;">Day _____</td> <td style="width: 33%;">Year 19____</td> </tr> </table>	Month _____	Day _____	Year 19____
Month _____	Day _____	Year 19____				
3. What is the name and address of this hospital (nursing home)?		3.	Name _____ Street _____ City (or county) _____ State _____			
4. How many nights was --- in the hospital (nursing home)?		4.	_____ Nights			
Complete question 5 from entries in questions 2 and 4, if not clear, ask the questions.						
5a. How many of these --- nights were during the past 12 months?		5a.	_____ Nights			
b. How many of these --- nights were during the past 2 weeks?		b.	_____ Nights			
c. Was --- still in the hospital (nursing home) last Sunday night for this hospitalization (stay)?		c.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If medical name unknown, enter an adequate description. 6. For what condition did --- enter the hospital (nursing home) - do you know the medical name? <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page. </td> <td style="width: 25%; vertical-align: top;"> For delivery, ask: Was this a normal delivery? For newborn, ask: Was the baby normal at birth? </td> <td style="width: 50%; vertical-align: middle; font-size: 2em;">} If "No," ask: What was the matter?</td> </tr> </table>		Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.	For delivery, ask: Was this a normal delivery? For newborn, ask: Was the baby normal at birth?	} If "No," ask: What was the matter?	6.	<input type="checkbox"/> Normal delivery (8) <input type="checkbox"/> Normal at birth (8) Condition _____ Cause _____ Kind _____ Part of body _____
Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.	For delivery, ask: Was this a normal delivery? For newborn, ask: Was the baby normal at birth?	} If "No," ask: What was the matter?				
Ask for all conditions EXCEPT deliveries and births.	7. Was this the first time --- was hospitalized for . . . ?	7.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
8a. Were any operations performed on --- during this stay at the hospital (nursing home)?		8a.	<input type="checkbox"/> Yes <input type="checkbox"/> No (9)			
b. What was the name of the operation? If name of operation is not known, describe what was done.		b.	_____			
c. Any other operations?		c.	<input type="checkbox"/> Yes (Describe) <input type="checkbox"/> No			
9. NOTE: If the condition in Q. 6 or 8, is on Card A, or there is "1" or more nights in Q. 5b, a Condition page is required. If there is no Condition page, fill one after completing columns for all required hospitalizations.						
FOOTNOTES						