

HOSPITAL PAGE		1. Person number _____	
<p>You said that -- was in the hospital (nursing home) during the past year.</p> <p>2. When did -- enter the hospital (nursing home) (the last time)?</p>		<b>USE YOUR CALENDAR</b> Make sure the YEAR is correct	
		2. Month	Day
		Year 19__	
<p>3. What is the name and address of this hospital (nursing home)?</p>		3. Name Street City (or county) State	
<p>4. How many nights was -- in the hospital (nursing home)?</p> <p>Complete question 5 from entries in questions 2 and 4; if not clear, ask the questions.</p>		4. _____ Nights	
<p>5a. How many of these -- nights were during the past 12 months?</p>		5a. _____ Nights	
<p>b. How many of these -- nights were during the past 2 weeks?</p>		b. _____ Nights	
<p>c. Was -- still in the hospital (nursing home) last Sunday night for this hospitalization (stay)?</p>		c. Y N	
<p>6. For what condition did -- enter the hospital (nursing home) - do you know the medical name? If medical name unknown, enter an adequate description.</p> <p>Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.</p> <p style="margin-left: 40px;">           For delivery, ask:            Was this a normal delivery?            For newborn, ask:            Was the baby normal at birth?         </p> <p style="margin-left: 100px;">} If "No," ask: What was the matter?</p>		6. <input type="checkbox"/> Normal delivery (8) <input type="checkbox"/> Normal at birth (8) Condition Cause Kind Part of body	
<p>Ask for all conditions EXCEPT deliveries and births.</p> <p>7. Was this the first time -- was hospitalized for . . . ?</p>		7. 1 Y 2 N	
<p>8a. Were any operations performed on -- during this stay at the hospital (nursing home)?</p>		8a. Y 0 N (9)	
<p>b. What was the name of the operation?</p> <p>If name of operation is not known, describe what was done.</p>		b.	
<p>c. Any other operations during this stay?</p>		c. Y (Describe) N	
<p>9. NOTE: If the condition in Q. 6 or 8 is in Q. 16, including "H" or "I", or if 1+ nights in Q. 5b, a Condition page is required.            If there is no Condition page, fill one after completing columns for all required hospitalizations.</p>			
<p>FOOTNOTES</p>			