

HOSPITAL PAGE

	1. Person number _____															
2. When did -- enter the hospital (nursing home) (the last time)? USE YOUR CALENDAR Make sure the YEAR is correct	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Day</td> <td style="width:33%;">Year</td> </tr> <tr> <td></td> <td></td> <td align="right">19__</td> </tr> </table>	Month	Day	Year			19__									
Month	Day	Year														
		19__														
3. What is the name and address of this hospital (nursing home)?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">Name</td></tr> <tr><td colspan="2">Street</td></tr> <tr><td>City (or county)</td><td>State</td></tr> </table>	Name		Street		City (or county)	State									
Name																
Street																
City (or county)	State															
4. How many nights was -- in the hospital (nursing home)?	4. _____Nights															
5a. How many of these -- nights were during the past 12 months? <small>Complete Q. 5 from entries in Q.'s 2 and 4; if not clear, ask the questions.</small>	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. Y N															
6. For what condition did -- enter the hospital (nursing home) - do you know the medical name? If medical name unknown, enter an adequate description. <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">For delivery ask: Was this a normal delivery?</td> <td style="width:10%; border:none;">}</td> <td style="width:20%; border:none;">If "No," ask: What was the matter?</td> <td style="width:5%; border:none;"> </td> <td style="width:45%; border:none;">Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.</td> </tr> <tr> <td style="border:none;">For newborn, ask: Was the baby normal at birth?</td> <td style="border:none;">}</td> <td style="border:none;"></td> <td style="border:none;"></td> <td style="border:none;"></td> </tr> </table>	For delivery ask: Was this a normal delivery?	}	If "No," ask: What was the matter?		Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.	For newborn, ask: Was the baby normal at birth?	}				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth</td> </tr> <tr><td>Condition</td></tr> <tr><td>Cause</td></tr> <tr><td>Kind</td></tr> <tr><td>Part of body</td></tr> </table>	6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth	Condition	Cause	Kind	Part of body
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7a. Were any operations performed on -- during this stay at the hospital (nursing home)?	7a. Y N (b)															
b. What was the name of the operation? If name of operation is not known, describe what was done.	b. _____ Y (Describe) N															
c. Any other operations during this stay?	c. _____															
8a. Which of those sources paid or will pay any of this hospital bill? <small>The following questions are about the bill for this hospital stay - not about any separate bill from the doctor or surgeon. Please look at this card (Show Card H).</small>	8a. 1 2 3 4 5 6 7 8 9 10 (Specify) →															
b. Did or will any other source pay any of this hospital bill?	b. 1 Y 2 N (d)															
c. Which source? <input type="checkbox"/> "1" is circled in 8a (e) <input type="checkbox"/> "1" is not circled in 8a (d)	c. Circle additional sources in 8a Reask 8b and c															
d. Did or will you or your family pay any part of this hospital bill out of your own pocket?	d. 1 Y 2 N (f)															
e. How much of this hospital bill did or will you or your family pay out of your own pocket?	e. \$ _____															
f. What part of the hospital bill was or will be paid by hospital insurance, less than half or one half or more? <small>If hospital insurance reported ("3" circled in 8a), ask:</small>	f. 1 <input type="checkbox"/> Less than half (g) 2 <input type="checkbox"/> 1/2 or more															
g. Did or will hospital insurance pay all of the hospital bill? <small>If only "3" is circled in 8a, ask:</small>	g. 1 Y 2 N															
9. NOTE: If the condition in Q. 6 or 7 is in Q. 38 or 39 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.																