

HOSPITAL PAGE		1. Person number _____		
<p>You said that -- was in the hospital (nursing home) during the past year. USE YOUR CALENDAR</p> <p>2. When did -- enter the hospital (nursing home) (the last time)? Make sure the YEAR is correct</p>		Month	Day	Year 19__
3. What is the name and address of this hospital (nursing home)?		2. Name _____ 3. Street _____ City (or county) _____ State _____		
4. How many nights was -- in the hospital (nursing home)?		4. _____ Nights		
Complete Q. 5 from entries in Q.'s 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. 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.		6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition _____ Cause _____ On Card C Kind _____ <input type="checkbox"/> Acc. or Inj. Part of body _____		
For delivery ask: } Was this a normal delivery? } For newborn, ask: } Was the baby normal at birth? }		If "No," ask: What was the matter?		
Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.				
7a. Were any operations performed on -- during this stay at the hospital (nursing home)?		7a. Y _____ N (8)		
b. What was the name of the operation?		b. _____		
If name of operation is not known, describe what was done.		Y (Describe) _____ N _____		
c. Any other operations during this stay?		c. _____		
8. NOTE: If the condition in Q.6 or 7 is in Q.31 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				