

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>		<p style="text-align: center;">USE YOUR CALENDAR Make sure the YEAR is correct</p> <p>2. Month _____ Date _____ Year 19____</p>		
<p>3. What is the name and address of this hospital (nursing home)?</p>		<p>3. Name _____</p> <p>Street _____</p> <p>City (or county) _____ State _____</p>		
<p>4. How many nights was --- in the hospital (nursing home)?</p>		<p>4. _____ Nights</p>		
<p>Complete 5 from entries in 2 and 4; if not clear, ask the questions.</p> <p>5a. How many of these --- nights were during the past 12 months?</p> <p>-----</p> <p>b. How many of these --- nights were during the past 2 weeks?</p> <p>-----</p> <p>c. Was --- still in the hospital (nursing home) last Sunday night for this hospitalization (stay)?</p>		<p>5a. _____ Nights</p> <p>b. _____ Nights</p> <p>c. Y _____ N _____</p>		
<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>For delivery ask: } If "NO," ask: } Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.</p> <p>Was this a normal delivery? } What was the matter? }</p> <p>For newborn, ask: } } </p> <p>Was the baby normal at birth? } } </p>		<p>6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth</p> <p>Condition _____</p> <p>Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj. _____</p> <p>Kind _____</p> <p>Part of body _____</p>		
<p>7a. Were any operations performed on --- during this stay at the hospital (nursing home)?</p> <p>-----</p> <p>b. What was the name of the operation?</p> <p>If name of operation is not known, describe what was done.</p> <p>-----</p> <p>c. Any other operations during this stay?</p>		<p>7a. Y _____ N (P2) _____</p> <p>b. _____</p> <p>Y (Describe) _____ N _____</p> <p>c. _____</p>		
P2	<p>If the condition in 6 or 7 is in 31 or there is "1" or more nights in 5b, a Condition page is required. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required hospitalizations.</p>			
<p>FOOTNOTES</p>				