

**HOSPITAL PAGE**

	1. Person number _____
2. You said that --- was in the hospital (nursing home) during the past year. When did --- enter the hospital (nursing home) (the last time)? USE YOUR CALENDAR Make sure the YEAR is correct	2. Month _____ Date _____ 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
5a. Complete 5 from entries in 2 and 4; if not clear, ask the questions. 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.  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.	6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj. Kind _____ Part of body _____
7a. Were any operations performed on --- during this stay at the hospital (nursing home)?	7a. Y _____ o N (P2) _____
b. What was the name of the operation? If name of operation is not known, describe what was done.	b. _____ Y (Describe) <u>7</u> N _____
c. Any other operations during this stay?	c. _____
<b>P2</b>	A Condition page is required if the condition in 6 or 7 is listed specifically in 32 and is "NOW" present, or there is "1" or more nights in 5b. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required hospitalizations.
FOOTNOTES	

<b>1. Person number</b> _____ <b>2.</b> Month _____ Date _____ Year 19____ <b>3.</b> Name _____ Street _____ City (or county) _____ State _____ <b>4.</b> _____ Nights <b>5a.</b> _____ Nights ----- <b>b.</b> _____ Nights ----- <b>c.</b> Y _____ N _____ <b>6.</b> <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj. ----- Kind _____ ----- Part of body _____ <b>7a.</b> Y _____ o N (P2) ----- <b>b.</b> _____ ----- Y (Describe) <u>✓</u> N _____ <b>c.</b> _____	<b>1. Person number</b> _____ <b>2.</b> Month _____ Date _____ Year 19____ <b>3.</b> Name _____ Street _____ City (or county) _____ State _____ <b>4.</b> _____ Nights <b>5a.</b> _____ Nights ----- <b>b.</b> _____ Nights ----- <b>c.</b> Y _____ N _____ <b>6.</b> <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj. ----- Kind _____ ----- Part of body _____ <b>7a.</b> Y _____ o N (P2) ----- <b>b.</b> _____ ----- Y (Describe) <u>✓</u> N _____ <b>c.</b> _____	<b>1. Person number</b> _____ <b>2.</b> Month _____ Date _____ Year 19____ <b>3.</b> Name _____ Street _____ City (or county) _____ State _____ <b>4.</b> _____ Nights <b>5a.</b> _____ Nights ----- <b>b.</b> _____ Nights ----- <b>c.</b> Y _____ N _____ <b>6.</b> <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj. ----- Kind _____ ----- Part of body _____ <b>7a.</b> Y _____ o N (P2) ----- <b>b.</b> _____ ----- Y (Describe) <u>✓</u> N _____ <b>c.</b> _____
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