

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	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		
Complete 5 from entries in 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. For delivery ask: } If "NO," ask: Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page. Was this a normal delivery? } What was the matter? For newborn, ask: } Was the baby normal at birth? }		6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition _____ Cause _____ 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 _____ N (8) _____		
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. _____		
If newborn go to next hosp; otherwise ask: 8. At the time -- entered the hospital was he living at this address?		8. 1 Y (10) _____ 2 N _____		
9. In what city (town), county, and State was -- living?		9. City _____ County _____ State _____		
10. About how long did it take -- to get to the hospital on (date in 2)? (Was it less than 30 minutes or more than 30 minutes?) (Was it less than one hour or more than one hour?)		10. 1 Less than 30 minutes 2 30-59 minutes 3 60-89 minutes 4 90+ minutes		
P2	A Condition page is required if there is an entry of "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.			

1. Person number _____	1. Person number _____	1. Person number _____
2. Month _____ Date _____ Year 19 ____	2. Month _____ Date _____ Year 19 ____	2. Month _____ Date _____ Year 19 ____
3. Name _____ Street _____ City (or county) _____ State _____	3. Name _____ Street _____ City (or county) _____ State _____	3. Name _____ Street _____ City (or county) _____ State _____
4. _____ Nights	4. _____ Nights	4. _____ Nights
5a. _____ Nights	5a. _____ Nights	5a. _____ Nights
b. _____ Nights	b. _____ Nights	b. _____ Nights
c. Y _____ N _____	c. Y _____ N _____	c. Y _____ N _____
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 _____	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 _____	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. Y _____ 0 N (8)	7a. Y _____ 0 N (8)	7a. Y _____ 0 N (8)
b. _____	b. _____	b. _____
c. Y (Describe) _____ N _____	c. Y (Describe) _____ N _____	c. Y (Describe) _____ N _____
8. 1 Y (10) 2 N	8. 1 Y (10) 2 N	8. 1 Y (10) 2 N
9. City _____ County _____ State _____	9. City _____ County _____ State _____	9. City _____ County _____ State _____
10. 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30-59 minutes 3 <input type="checkbox"/> 60-89 minutes 4 <input type="checkbox"/> 90+ minutes	10. 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30-59 minutes 3 <input type="checkbox"/> 60-89 minutes 4 <input type="checkbox"/> 90+ minutes	10. 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30-59 minutes 3 <input type="checkbox"/> 60-89 minutes 4 <input type="checkbox"/> 90+ minutes
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