

J. HOSPITAL PAGE		HOSPITAL STAY 1		
1. Refer to C1, "HOSP." box.		1. PERSON NUMBER _____		
2. You said earlier that -- was a patient in the hospital since (13-month hospital date) a year ago. On what date did -- enter the hospital ((the last time/the time before that))? Record each entry date in a separate Hospital Stay column.		Month	Date	Year
3. How many nights was -- in the hospital?		2. _____ 19 ____		
3. How many nights was -- in the hospital?		3. 0000 <input type="checkbox"/> None (Next HS)		
4. For what condition did -- enter the hospital? <ul style="list-style-type: none"> <li>• For delivery ask: Was this a normal delivery? If "No," ask: What was the matter?</li> <li>• For newborn ask: Was the baby normal at birth? If "No," ask: What was the matter?</li> <li>• For initial "No condition" ask: Why did -- enter the hospital? For tests, ask: What were the results of the tests? If no results, ask: Why were the tests performed?</li> </ul>		4. _____ Nights		
J1 Refer to questions 2, 3, and 2-week reference period.		1 <input type="checkbox"/> Normal delivery 2 <input type="checkbox"/> Normal at birth 3 <input type="checkbox"/> No condition <input type="checkbox"/> Condition } (5)		
5a. Did -- have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?		J1 <input type="checkbox"/> At least one night in 2-week reference period (Enter condition in G2, THEN 5) <input type="checkbox"/> No nights in 2-week reference period (5)		
b. What was the name of the surgery or operation? If name of operation not known, describe what was done.		5a. 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No (6)		
c. Was there any other surgery or operation during this stay?		b. (1) _____ (2) _____ (3) _____		
6. What is the name and address of this hospital?		c. <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No		
FOOTNOTES		6. Name		
		Number and street		
		City or County		State

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