

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.		2. Month	Date	Year 19 ____
3. How many nights was --- in the hospital?		3. 0000 [ ] None (Next HS) ____ Nights		
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?</li> <li>• For tests, ask: What were the results of the tests? If no results, ask: Why were the tests performed?</li> </ul>		4. 1 [ ] Normal delivery 2 [ ] Normal at birth } (5) 3 [ ] No condition [ ] Condition		
J1	Refer to questions 2, 3, and 2-week reference period.	J1 [ ] At least one night in 2-week reference period (Enter condition in C2, THEN 5) [ ] No nights in 2-week reference period (5)		
5a. Did --- have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?		5a. 1 [ ] Yes 2 [ ] No (6)		
b. What was the name of the surgery or operation? If name of operation not known, describe what was done.		b. (1) _____ (2) _____ (3) _____		
c. Was there any other surgery or operation during this stay?		c. [ ] Yes (Reask 5b and c) [ ] No		
6. What is the name and address of this hospital?		6. Name Number and street City or County State		
FOOTNOTES				

FORM HIS 1 (1983) (10-1-84)