

| 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 19 ____ |
| 3. How many nights was --- in the hospital? | | 3. 0000 <input type="checkbox"/> None (Next HS) ____ Nights | | |
| 4. For what condition did --- enter the hospital? <ul style="list-style-type: none"> • For delivery ask: Was this a normal delivery? If "No," ask: What was the matter? • For newborn ask: Was the baby normal at birth? If "No," ask: What was the matter? • 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? | | 4. 1 <input type="checkbox"/> Normal delivery } 2 <input type="checkbox"/> Normal at birth } (5) 3 <input type="checkbox"/> No condition } <input type="checkbox"/> Condition ∇ | | |
| J1 Refer to questions 2, 3, and 2-week reference period. | | J1 <input type="checkbox"/> At least one night in 2-week reference period (Enter condition in C2, THEN 5) <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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. <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No | | |
| 6. What is the name and address of this hospital? | | 6. Name _____ Number and street _____ City or County _____ State _____ | | |
| FOOTNOTES | | | | |

FORM HIS-1 (1091) (8-27-90)