

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 <u>113-month hospital date</u> a year ago. On what date did — enter the hospital [(the last time/the time before that)]? <i>Record each entry date in a separate Hospital Stay column.</i>		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"> <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 <input type="checkbox"/> Normal delivery } (5) 2 <input type="checkbox"/> Normal at birth } 3 <input type="checkbox"/> No condition } <input type="checkbox"/> Condition $\nabla$		
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? <i>If name of operation not known, describe what was done.</i>		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				