

HOSPITAL PAGE		1. Person number Write in and mark		WASHINGTON USE	
Enter month, day, year; if the exact date is not known, obtain the best estimate. USE YOUR CALENDAR	You said that -- was in the hospital (once, twice; etc.) during the past year:		Month	Month	Jan <input type="checkbox"/> Apr <input type="checkbox"/> July <input type="checkbox"/> Oct <input type="checkbox"/> Feb <input type="checkbox"/> May <input type="checkbox"/> Aug <input type="checkbox"/> Nov <input type="checkbox"/> Mar <input type="checkbox"/> June <input type="checkbox"/> Sept <input type="checkbox"/> Dec <input type="checkbox"/>
	2. When did -- enter the hospital (the last time)?		Day	Day	
	Write in: Year		Year	Year	
	Make sure the YEAR is correct.				
Do not include any nights in interview week. If the exact number is not known, accept the best estimate.	3. How many nights was -- in the hospital?		Total nights in hospital	Nights	
Complete question 4 from entries in questions 2 and 3; if not clear, ask the questions.	4a. How many of these -- nights were in the past 12 months?		Nights in past 12 months	Q. No.	13 <input type="checkbox"/> 14 <input type="checkbox"/> Other <input type="checkbox"/>
Do not include any nights in interview week. USE YOUR CALENDAR	b. How many of these -- nights were last week or the week before?		Nights past 2 weeks	Diag.	
	c. Was -- still in the hospital last Sunday night for this hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No			Diagnosis surgically treated	
Ask for all hospitalizations. If medical name not known, enter an adequate description. Entry must show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.	5. For what condition did -- enter the hospital, do you know the medical name? For delivery ask: Was this a normal delivery? * For newborn, ask: Was the baby normal at birth? * *If "No" ask: What was the matter? (Record in "Condition" box)		Condition	Operation 1	
	6a. Were any operations performed on -- during this stay at the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to 7			Operation 2	
If name of operation is not known, describe what was done.	b. What was the name of the operation?		Operation	Operation 3	
	c. Any other operations? <input type="checkbox"/> Yes - Describe above <input type="checkbox"/> No			Service	
Enter the full name of the hospital, the street or highway on which it is located, and the city and State; if the city is not known, enter the county.	7. What is the name and address of the hospital?		Name of Hospital	Ownership	
			Address	When accident happened	
			City (or county)	Oth. Acc.	T-Mis. <input type="checkbox"/> Other <input type="checkbox"/>
			State	IC or dum. code	
IF THE CONDITION IN QUESTION 5 OR 6 INDICATES THAT AN ACCIDENT OR INJURY WAS INVOLVED, FILL QUESTIONS 8 - 11					
8a. Did the accident happen during the past 2 years or before that time?		9a. Was a car, truck, bus or other motor vehicle involved in the accident in any way?		Yes	No - Go to 11
<input type="checkbox"/> During the past 2 years <input type="checkbox"/> Before 2 years (6) - Go to 9b		b. Was more than one vehicle involved?		Yes	No
		c. Was it (either one) moving at the time?		Yes	No
b. When did the accident happen? Enter month and year, mark one circle.		10. Where did the accident happen?		<input type="checkbox"/>	<input type="checkbox"/>
Month <input type="text"/> Year <input type="text"/>		(Specify place)		At home (inside home)	<input type="checkbox"/>
<input type="checkbox"/> Last week (0)				At home (adjacent premises)	<input type="checkbox"/>
<input type="checkbox"/> Week before (1)				Street and highway (includes roadway)	<input type="checkbox"/>
<input type="checkbox"/> 2 weeks - 3 months (2)				Farm	<input type="checkbox"/>
<input type="checkbox"/> 3 - 12 months (4)				Industrial place (includes premises)	<input type="checkbox"/>
<input type="checkbox"/> 1 - 2 years (6)				School (includes school premises)	<input type="checkbox"/>
				Place of recreation and sports (not school)	<input type="checkbox"/>
				Other (Specify place where accident happened)	<input type="checkbox"/>
		11. Was -- at work at his job or business when the accident happened?		Yes	No
				Under 17	While in Armed Forces
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
NOTE TO INTERVIEWER: If the condition in question 5 or 6 is on Card A or B or there are "1" or more nights in question 4b, the condition must have a completed Condition page. If the condition does not have a Condition page, fill one after completing all required Hospitalization pages.					