**HOSPITAL PAGE**

**1. Person number**

**Write in and mark**

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**USE YOUR CALENDAR**

- **Enter month, day, year; if the exact date is not known, obtain the best estimate.**
- **Use your calendar**
- **Do not include any nights in interview week. If the exact date is not known, accept the best estimate.**
- **Complete question 4 from notice in questions 2 and 3, if not clear, ask the questions.**
- **Do not include any nights in interview week.**

**USES YOUR CALENDAR**

- **Ask for all hospitalizations.**
- **If medical name is not known, enter an adequate description.**
- **Enter must show CAUSE, KIND, AND PART OF BODY in some detail as required for the Condition page.**
- **If name of operation is not known, describe what was done.**
- **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.**

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**IF THE CONDITION IN QUESTION 5 OR 6 INDICATES THAT AN ACCIDENT OR INJURY WAS INVOLVED,**

**FILL QUESTIONS 8-10**

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**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 6, the condition must have a completed Condition page. If the condition does not have a Condition page, fill in after completing all required Hospitalization pages.