

HOSPITAL PAGE		Person number												
<p>1. Person number <span style="float: right;"><i>Write in and mark</i> <input style="width: 50px; height: 20px;" type="text"/></span></p>														
<p><i>Enter month, day, year; if the exact date is not known, obtain the best estimate.</i></p> <p style="text-align: center;"><b>YOU SAID THAT -- WAS IN THE (HOSPITAL/NURSING HOME) DURING THE PAST YEAR:</b></p> <p>2. WHEN DID -- ENTER THE (HOSPITAL/NURSING HOME) (THE LAST TIME)?</p> <p style="text-align: right;"><i>Write in</i></p> <p style="text-align: center;"><i>Make sure the YEAR is correct.</i> →</p>	<div style="border: 1px solid black; padding: 2px;">Month <input style="width: 100%; height: 20px;" type="text"/></div> <div style="border: 1px solid black; padding: 2px;">Day <input style="width: 100%; height: 20px;" type="text"/></div> <div style="border: 1px solid black; padding: 2px;">Year <input style="width: 100%; height: 20px;" type="text"/></div>	<p style="text-align: center;"><b>WASHINGTON USE</b></p> <p>Month</p> <table style="width: 100%; font-size: small;"> <tr> <td>Jan</td><td>Apr</td><td>July</td><td>Oct</td></tr> <tr> <td>Feb</td><td>May</td><td>Aug</td><td>Nov</td></tr> <tr> <td>Mar</td><td>June</td><td>Sept</td><td>Dec</td></tr> </table> <p>Day</p> <p>Year</p> <p>Nights</p> <p>Q. No.    15    16    17    Hosp.    Other</p> <p style="text-align: center;">○    ○    ○    ○    ○</p> <p>Diag.</p> <p>Diagnosis surgically treated</p> <p>Operation 1</p> <p>Operation 2</p> <p>Operation 3</p> <p>Service</p> <p>Ownership</p> <p>IC or dum. code</p> <p>Footnotes:</p>	Jan	Apr	July	Oct	Feb	May	Aug	Nov	Mar	June	Sept	Dec
Jan	Apr	July	Oct											
Feb	May	Aug	Nov											
Mar	June	Sept	Dec											
<p><i>Do not include any nights in interview week. If the exact number is not known, accept the best estimate.</i></p>	<p>3. HOW MANY NIGHTS WAS -- IN THE (HOSPITAL/NURSING HOME)?</p> <div style="border: 1px solid black; padding: 2px;">Total nights in hospital - nursing home</div>													
<p><i>Complete question 4 from entries in questions 2 and 3; if not clear, ask the questions.</i></p>	<p>4a. HOW MANY OF THESE -- NIGHTS WERE IN THE PAST 12 MONTHS?</p> <div style="border: 1px solid black; padding: 2px;">Nights past 12 months</div>													
<p><i>Do not include any nights in interview week.</i></p>	<p>b. HOW MANY OF THESE -- NIGHTS WERE LAST WEEK OR THE WEEK BEFORE?</p> <div style="border: 1px solid black; padding: 2px;">Nights past 2 weeks</div>													
<p style="text-align: center;"><b>USE YOUR CALENDAR</b></p>	<p>c. WAS -- STILL IN THE (HOSPITAL/NURSING HOME) LAST SUNDAY NIGHT FOR THIS HOSPITALIZATION (STAY)?</p> <p style="text-align: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>													
<p><i>If medical name not known, enter an adequate description.</i></p> <p style="text-align: center;"><b>5. FOR WHAT CONDITION DID -- ENTER THE (HOSPITAL/NURSING HOME) -- DO YOU KNOW THE MEDICAL NAME?</b></p> <p><i>For delivery ask: WAS THIS A NORMAL DELIVERY?    If "No" ask: WHAT WAS THE MATTER?</i></p> <p><i>For newborn, ask: WAS THE BABY NORMAL AT BIRTH?    Record in "Condition" box</i></p>	<div style="border: 1px solid black; padding: 2px;">Condition</div> <hr style="border-top: 1px dashed black;"/> <div style="border: 1px solid black; padding: 2px;">Cause</div> <hr style="border-top: 1px dashed black;"/> <div style="border: 1px solid black; padding: 2px;">Kind</div> <hr style="border-top: 1px dashed black;"/> <div style="border: 1px solid black; padding: 2px;">Part of body</div>													
<p><i>Entry must show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.</i></p>														
<p><i>If name of operation is not known, describe what was done.</i></p>	<p>6a. WERE ANY OPERATIONS PERFORMED ON -- DURING THIS STAY AT THE (HOSPITAL/NURSING HOME)?    <input type="checkbox"/> Yes    <input type="checkbox"/> No - Go to 7</p> <p>b. WHAT WAS THE NAME OF THE OPERATION?</p> <div style="border: 1px solid black; padding: 2px; height: 40px;">Operation</div> <p>c. ANY OTHER OPERATIONS?    <input type="checkbox"/> Yes - Describe above    <input type="checkbox"/> No</p>													
<p><i>Enter the full name of the hospital or nursing home; the street or highway on which it is located, and the city and State; if the city is not known, enter the county.</i></p>	<p>7. WHAT IS THE NAME AND ADDRESS OF THE (HOSPITAL/NURSING HOME)?</p> <div style="border: 1px solid black; padding: 2px;">Name of Hospital</div> <hr style="border-top: 1px solid black;"/> <div style="border: 1px solid black; padding: 2px;">Street</div> <hr style="border-top: 1px solid black;"/> <div style="border: 1px solid black; padding: 2px;">City (or county) <span style="float: right;">State</span></div>													
<p>→ CONTINUED ON NEXT PAGE ←</p>														

**HOSPITAL PAGE (CONT'D) ASK QUESTIONS 8-10 FOR ALL COMPLETED HOSPITALIZATIONS** Mark one circle →

"Yes" in Q. 4c - Go to 11  
"No" in Q. 4c - Ask 8-10

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*Ask if "No" marked in question 4c:*

**8. WHAT WAS THE TOTAL AMOUNT OF THE (HOSPITAL/NURSING HOME) BILL FOR THIS STAY?**  
DO NOT INCLUDE DOCTORS' OR SURGEONS' BILLS.

Dollars	Cents

**9a. DID (WILL) HEALTH INSURANCE PAY ANY PART OF THIS BILL?**  Yes  No-Go to 10

**b. WHAT IS THE NAME OF THE INSURANCE PLAN?**

Name of Insurance Plan	Dollars	Cents

**c. DID (WILL) ANY OTHER HEALTH INSURANCE PLAN PAY PART OF THIS (HOSPITAL/NURSING HOME) BILL?**  
*If "Yes" Reask 9b*

*For each Health Insurance Plan named, ask:*

**d. WHAT WAS (WILL-BE) THE AMOUNT PAID BY (Name of Plan)?**

	Dollars	Cents

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Tot. Amount

10. Source 1

A B C D E F G H I DK

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Amount

BL DR

○ ○ ○ ○

10. Source 2

A B C D E F G H I DK

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Amount

BL DR

○ ○ ○ ○

10. Source 3

A B C D E F G H I DK

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Amount

BL DR

○ ○ ○ ○

10. Source 4

A B C D E F G H I DK

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Amount

BL DR

○ ○ ○ ○

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*Enter total amount paid by health insurance in line A*

*Enter ANY amount paid by Social Security Medicare in line B*

**10a. WHO PAID (WILL PAY) THE (REMAINDER OF THE) HOSPITAL BILL? Mark each category mentioned**

**b. DID ANY OTHER PERSON OR AGENCY PAY ANY OTHER PART OF THE HOSPITAL BILL?**

Yes-Ask 10c  No-Go to 10d

**c. WHO WAS THIS? Mark each category mentioned**

**d. WHAT WAS THE AMOUNT PAID BY --?**  
*Enter amount paid opposite appropriate category.*

	Dollars	Cents
<b>A</b> <input type="checkbox"/> Health insurance- <i>All plans-exclude Medicare</i>		
<b>B</b> <input type="checkbox"/> Social Security Medicare		
<b>C</b> <input type="checkbox"/> Self and/or Family		
<b>D</b> <input type="checkbox"/> Relative not in household		
<b>E</b> <input type="checkbox"/> Friend		
<b>F</b> <input type="checkbox"/> Kerr Mills or other Fed. Plans		
<b>G</b> <input type="checkbox"/> Armed Forces Medicare		
<b>H</b> <input type="checkbox"/> State or Local Welfare Agency		
<b>I</b> <input type="checkbox"/> Other Specify		

**TOTAL OF ABOVE - include amount paid by health insurance**

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**ASK QUESTIONS 11 - 13 IF PERSON IS 55 YEARS OLD OR OVER** Mark one circle →

Under 55 - Go to 14    55 or over - Ask 11a

**11a. WHEN -- LEFT (Name of hospital/nursing home), DID HE RETURN HOME OR GO SOME OTHER PLACE?**

Home - Go to Question 12  
 Some other place - Ask Question 11b

**b. WHAT KIND OF PLACE DID -- GO TO? Specify**

**INTERVIEWER:**

*If the "Place" in 11b is a Hospital, Nursing Home or a similar place, was a Hospital Page filled for that stay? Mark one box.*

Hospital page filled-Stop  
 Hospital page not filled-Fill Hosp. page for unreported stay.

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Blank form 509  
used for  
reporting  
conditions  
not reported  
on the  
Hospital Page

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**12. AFTER LEAVING THE (HOSPITAL/NURSING HOME,) HOW MANY DAYS DID -- HAVE TO REMAIN IN BED ALL OR MOST OF THE DAY? Mark entry**

*Still in bed - Go to 14*     None  DR

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

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**13. (ALTOGETHER) HOW MANY DAYS WAS -- CONFINED TO THE HOUSE AFTER RETURNING HOME FROM THE (HOSPITAL/NURSING HOME.)? Mark entry**

*Still confined to house*     None  DR

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

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**14. NOTE TO INTERVIEWER:**

*If the condition in question 5 or 6 is on Card A (A-1, A-2) or B (B-1, B-2) or there is "J" 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 Hospital pages.*

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