

HOSPITAL PAGE		1. Person number	USE YOUR CALENDAR	Probe	I.C. or Dum.
Enter month, day, year; if the exact date is not known, obtain the best estimate.	You said that -- was in the (hospital/nursing home) during the past year.		Make sure the YEAR is correct		
	2. When did -- enter the (hospital/nursing home) (the last time)?	Month	Day	Year	
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/nursing home)?	Total nights in hospital/nursing home			
Complete question 4 from entries in questions 2 and 3 if not clear, ask the questions.	4a. How many of these -- nights were during the past 12 months?	Nights past 12 months			
Do not include any nights in interview week.	b. How many of these -- nights were during the past 2 weeks?	Nights past 2 weeks			
	c. Was -- still in the (hospital/nursing home) last Sunday night for this hospitalization (stay)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
If medical name not known, enter an adequate description.	5a. For what condition did -- enter the (hospital/nursing home) -- do you know the medical name?	Condition			
Entry must show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.	For delivery ask: Was this a normal delivery? } If "No" ask: What was the matter? Record in "Condition" box	Cause			
	For newborn, ask: Was the baby normal at birth?	Kind			
		Part of body			
Ask for all conditions except deliveries and births	6. Was this the first time -- was hospitalized for . . . ?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
If name of operation is not known, describe what was done.	7a. Were any operations performed on -- during this stay at the (hospital/ nursing home.)?	<input type="checkbox"/> Yes 2 <input type="checkbox"/> No-Go to 8			
	b. What was the name of the operation?	Operation			
	c. Any other operations?	<input type="checkbox"/> Yes-Describe <input type="checkbox"/> No			
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.	8. What is the name and address of the (hospital/nursing home)?	Name of Hospital:			
	Street	City (or county)		State	
Ask questions 9-18 for all completed hospitalizations - Mark one box	<input type="checkbox"/> "Yes" in Q4c - Go to Item 18	Hospital Bill			
	<input type="checkbox"/> "No" in Q4c - Ask Q. 9	Dollars		Cents	
	9. What was the total amount of the hospital (nursing home) bill for this stay? Do not include any doctor's or surgeon's bills.				
	10a. Did (will) health insurance pay any part of the hospital bill?	<input type="checkbox"/> Yes - Ask b <input type="checkbox"/> No - Go to 11			
	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?	<input type="checkbox"/> Yes - Reask b <input type="checkbox"/> No - Go to d			
	For each Health Insurance Plan named, ask:				
	d. What was (will be) the amount paid by (Name of plan)?	Source of Payment		Dollars	Cents
Enter total amount paid by health insurance in line A Enter any amount paid by Social Security Medicare in line B	11a. Who paid (will pay) the (remainder of the) hospital bill?	A. 1 <input type="checkbox"/> Health Insurance-All plans excl. Medicare			
	b. Did any other person or agency pay any other part of the hospital bill?	B. 2 <input type="checkbox"/> Social Security Medicare			
	c. Who was this?	C. 3 <input type="checkbox"/> Self and Family			
	d. What was the amount paid by --?	D. 4 <input type="checkbox"/> Other (Specify)			
Interviewer: After totaling all sources of payment for the hospital bill, check one of the following boxes:	Total of above-include amount paid by health insurance				
<input type="checkbox"/> Total amount paid (to be paid) agrees with amount of the hospital bill - Go to Q. 12					
<input type="checkbox"/> Total amount paid (to be paid) does not agree with amount of the hospital bill-Resolve difference with respondent					

HOSPITAL PAGE (Cont'd)

Doctor/Surgeon	
Dollars	Cents

12a. What was the amount of the doctor's and surgeon's bill for this stay?

b. Is the \$ _____ for the doctor's and surgeon's bill included in the \$ _____ amount you gave me for the hospital bill?

1 Yes (In a footnote, indicate the actual amount of the hospital bill after deducting the doctor's and surgeon's bills, also indicate any changes in the amounts paid by health insurance or other sources if the entries in Qs. 10 and 11 include payments for expenses other than the hospital bill). 2 No—Go to 13

13a. Did (will) health insurance pay any part of the doctor's and surgeon's bill? Yes No—Go to 14

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 the doctor's and surgeon's bill?

Yes—Reask b No—Ask d

For each Health Insurance Plan named, ask:

d. What was (will be) the amount paid by (Name of plan)?

14a. Who paid (will pay) the (remainder of the) doctor's and surgeon's bill?
Enter total amount paid by health insurance in line A
Enter any amount paid by Social Security Medicare in line B

Source of Payment	Dollars	Cents
A. 1 <input type="checkbox"/> Health Insurance—All plans excl. Medicare		
B. 2 <input type="checkbox"/> Social Security Medicare		
C. 3 <input type="checkbox"/> Self and Family		
D. 4 <input type="checkbox"/> Other—Specify _____		

b. Did any other person or agency pay any other part of the doctor's and surgeon's bill?

Yes—Ask c No—Go to d

c. Who was this?

d. What was the amount paid by — ?

Interviewer: After totaling all sources of payment for the doctor's and surgeon's bill, check one of the following boxes:

- Total amount paid (to be paid) agrees with amount of doctor's bill—Go to Q. 15
 Total amount paid (to be paid) does not agree with amount of the doctor's bill—Resolve difference with respondent

Total of above—include amount paid by health insurance—→

Mark one box Under \$5—Go to 18 \$5 and over—Ask 15a

15a. When — — left (name of hospital/nursing home) did he return home or go some other place?

Home—Go to 16 Some other place—Ask 15b

b. What kind of place did — — go to? Specify _____

Interviewer: If the place in 15b is a hospital, nursing home or similar place, was a hospital page filled for that stay?

Hospital page filled—Stop Hospital page not filled—Fill hospital page for unreported stay

16. After leaving the hospital (nursing home) how many days did — — have to remain in bed all or most of the day?

ooo None xxx Still in bed days

17. ALTOGETHER how many days was — — confined to the house after returning home from the hospital (nursing home)?

ooo None xxx Still confined to house days

18.

NOTE TO INTERVIEWER

If the condition in Q.5 or 7 is listed in item AA on the Condition Page or any part of this hospitalization was during the past 2 weeks 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.