HOSPITAL PAGE	1.	Person number _____

		USE YOUR CALENDAR Make sure the YEAR is correct

You said that -- was in the hospital (nursing home) during the past year.

2. When did -- enter the hospital (nursing home) (the last time)?

		Month	Day	Year 19___
2.				

3. What is the name and address of this hospital (nursing home)?

3.	Name
	Street
	City (or county)
	State

4. How many nights was -- in the hospital (nursing home)?	4.	_____ Nights

Complete question 5 from entries in questions 2 and 4, if not clear, ask the questions.

5a. How many of these -- nights were during the past 12 months?	5a.	_____ Nights
b. How many of these -- nights were during the past 2 weeks?	b.	_____ Nights
c. Was -- still in the hospital (nursing home) last Sunday night for this hospitalization (stay)?	c.	☐ Yes ☐ No

If medical name unknown, enter an adequate description.

6. For what condition did -- enter the hospital (nursing home) - do you know the medical name?

Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.

For delivery, ask:
Was this a normal delivery?
For newborn, ask:
Was the baby normal at birth? } If "No," ask: **What was the matter?**

6.	☐ Normal delivery (8) ☐ Normal at birth (8)
	Condition
	Cause
	Kind
	Part of body

Ask for all conditions EXCEPT deliveries and births.

7. Was this the first time -- was hospitalized for . . .?

7.	1 ☐ Yes 2 ☐ No

8a. Were any operations performed on -- during this stay at the hospital (nursing home)?	8a.	☐ Yes 0 ☐ No (9)
b. What was the name of the operation? If name of operation is not known, describe what was done.	b.	
c. Any other operations?	c.	☐ Yes (Describe)——⤢ ☐ No

9. NOTE: If the condition in Q. 6 or 8, is on Card A, or there is "1" or more nights in Q, 5b, a Condition page is required.
If there is no Condition page, fill one after completing columns for all required hospitalizations.

FOOTNOTES