			1.	Person number _____

HOSPITAL PAGE

<table>
<tr><td colspan="3"></td><td>1.</td><td>Person number _____</td></tr>
<tr><td colspan="3" rowspan="3">You said that -- was in the hospital (nursing home) during the past year.

2. When did -- enter the hospital (nursing home) (the last time)?</td><td colspan="2" style="text-align:center">USE YOUR CALENDAR
Make sure the YEAR is correct</td></tr>
<tr><td>2.</td><td>Month   Day   Year
19____</td></tr>
</table>

Table form:

HOSPITAL PAGE	1.	Person number _____
You said that -- was in the hospital (nursing home) during the past year. 2. When did -- enter the hospital (nursing home) (the last time)?	2.	USE YOUR CALENDAR Make sure the YEAR is correct Month | Day | Year 19____
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.	Y N
6. For what condition did -- enter the hospital (nursing home) – do you know the medical name? If medical name unknown, enter an adequate description. 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 Y 2 N
8a. Were any operations performed on -- during this stay at the hospital (nursing home)?	8a.	Y 0 N (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 during this stay?	c.	Y (Describe) ⟋ N
9. NOTE: If the condition in Q. 6 or 8 is in Q. 16, including "H" or "I", or if 1+ 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