

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)?	<p style="text-align: center;">USE YOUR CALENDAR Make sure the YEAR is correct</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Month _____</td> <td style="width: 33%;">Day _____</td> <td style="width: 33%;">Year 19____</td> </tr> </table>	Month _____	Day _____	Year 19____
	Month _____	Day _____	Year 19____	
3. What is the name and address of this hospital (nursing home)?	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			

<p>6. For what condition did -- enter the hospital (nursing home) -- do you know the medical name? If medical name unknown, enter an adequate description.</p> <p>For delivery, ask: Was this a normal delivery? For newborn, ask: Was the baby normal at birth?</p> <p>} If "No," ask: What was the matter?</p> <p>-----</p> <p>Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.</p>	<p>6. <input type="checkbox"/> Normal delivery Condition <input type="checkbox"/> Normal at birth</p> <p>-----</p> <p>Cause</p> <p>-----</p> <p>Kind</p> <p>-----</p> <p>Part of body</p>
<p>7a. Were any operations performed on -- during this stay at the hospital (nursing home)?</p> <p>-----</p> <p>b. What was the name of the operation?</p> <p>If name of operation is not known, describe what was done.</p> <p>-----</p> <p>c. Any other operations during this stay?</p>	<p>7a. Y O N (8)</p> <p>-----</p> <p>b.</p> <p>-----</p> <p>c. Y (Describe) → N</p>
<p>8. NOTE: If the condition in Q. 6 or 7 is in Q. 36 and is NOW present 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.</p>	