

HOSPITAL PAGE		1. Person number _____		
<p>You said that -- was in the hospital (nursing home) during the past year.</p> <p>2. When did -- enter the hospital (nursing home) (the last time)?</p>		<p>USE YOUR CALENDAR Make sure the YEAR is correct</p> <p>2. Month _____ Date _____ Year 19 _____</p>		
<p>3. What is the name and address of this hospital (nursing home)?</p>		<p>3. Name _____</p> <p>Street _____</p> <p>City (or county) _____ State _____</p>		
<p>4. How many nights was -- in the hospital (nursing home)?</p>		<p>4. _____ Nights</p>		
<p>Complete 5 from entries in 2 and 4; if not clear, ask the questions.</p> <p>5a. How many of these -- nights were during the past 12 months?</p>		<p>5a. _____ Nights</p>		
<p>b. How many of these -- nights were during the past 2 weeks?</p>		<p>b. _____ Nights</p>		
<p>c. Was -- still in the hospital (nursing home) last Sunday night for this hospitalization (stay)?</p>		<p>c. Y _____ N _____</p>		
<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>6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition _____</p> <p>Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj. _____</p> <p>Kind _____</p> <p>Part of body _____</p>		
<p>7a. Were any operations performed on -- during this stay at the hospital (nursing home)?</p>		<p>7a. Y _____ o N (P) _____</p>		
<p>b. What was the name of the operation? If name of operation is not known, describe what was done.</p>		<p>b. _____</p>		
<p>c. Any other operations during this stay?</p>		<p>c. Y (Describe) _____ N _____</p>		
P	<p>If there is one or more nights in 5b, a Condition page is required. If there is no Condition page, fill one after completing columns for all required hospitalizations.</p>			
<p>FOOTNOTES</p>				