

HOSPITAL PAGE		1. Person number _____			
<p>You said that -- was in the hospital (nursing home) during the past year. USE YOUR CALENDAR</p> <p>2. When did -- enter the hospital (nursing home) (the last time)? Make sure the YEAR is correct</p>		2.	Month	Date	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		
<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>		5a.	_____ Nights		
<p>b. How many of these -- nights were during the past 2 weeks?</p>		b.	_____ Nights		
<p>c. Was -- still in the hospital (nursing home) last Sunday night for this hospitalization (stay)?</p>		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>		6.	<input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition		
<p>If "NO," ask: What was the matter?</p>			<input type="checkbox"/> Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj.		
<p>Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.</p>			Kind		
			Part of body		
7a. Were any operations performed on -- during this stay at the hospital (nursing home)?		7a.	Y	o N (P)	
<p>b. What was the name of the operation?</p> <p>If name of operation is not known, describe what was done.</p>		b.			
<p>c. Any other operations during this stay?</p>		c.	Y (Describe) →	N	
<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>					
FOOTNOTES					