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)? USE YOUR CALENDAR Make sure the YEAR is correct

Month	Date	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)? _____ Nights

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

5a. How many of these -- nights were during the past 12 months? _____ Nights

b. How many of these -- nights were during the past 2 weeks? _____ Nights

c. Was -- still in the hospital (nursing home) last Sunday night for this hospitalization (stay)? 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.

For delivery ask:
Was this a normal delivery?
For newborn, ask:
Was the baby normal at birth?

If "NO," ask:
What was the matter?

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

6. ☐ Normal delivery ☐ Normal at birth

Condition

Cause ☐ On Card C ☐ Acc. or Inj.

Kind

Part of body

7a. Were any operations performed on -- during this stay at the hospital (nursing home)? Y 0 N (P)

b. What was the name of the operation?

If name of operation is not known, describe what was done.

c. Any other operations during this stay? Y (Describe) N

P If the condition in 6 or 7 is listed specifically in 31A, B, or 32, or there is "1" or more nights in 5b, a Condition page is required. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required hospitalizations.

FOOTNOTES