

HOSPITAL PAGE

	1.	Person number _____														
<p>2. When did -- enter the hospital (nursing home) (the last time)?</p> <p><small>You said that -- was in the hospital (nursing home) during the past year. USE YOUR CALENDAR Make sure the YEAR is correct</small></p>	2.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Date</td> <td style="width:33%;">Year</td> </tr> <tr> <td></td> <td></td> <td align="right">19 ____</td> </tr> </table>	Month	Date	Year			19 ____								
Month	Date	Year														
		19 ____														
<p>3. What is the name and address of this hospital (nursing home)?</p>	3.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street</td> </tr> <tr> <td>City (or county)</td> <td>State</td> </tr> </table>	Name		Street		City (or county)	State								
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<p>4. How many nights was -- in the hospital (nursing home)?</p>	4.	_____ Nights														
<p><small>Complete 5 from entries in 2 and 4; if not clear, ask the questions.</small></p> <p>5a. How many of these -- nights were during the past 12 months?</p> <p>-----</p>	5a.	_____ Nights														
<p>b. How many of these -- nights were during the past 2 weeks?</p> <p>-----</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> <table style="width:100%; border: none;"> <tr> <td style="width:25%; border: none;"> For delivery ask: Was this a normal delivery? For newborn, ask: Was the baby normal at birth? </td> <td style="width:10%; border: none; vertical-align: middle;">} </td> <td style="width:25%; border: none;"> If "NO," ask: What was the matter? </td> <td style="width:40%; border: none;"> Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page. </td> </tr> </table>	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.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"> <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth </td> </tr> <tr> <td colspan="2">Condition</td> </tr> <tr> <td>Cause</td> <td><input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj.</td> </tr> <tr> <td colspan="2">Kind</td> </tr> <tr> <td colspan="2">Part of body</td> </tr> </table>	<input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth		Condition		Cause	<input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj.	Kind		Part of body	
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<p>7a. Were any operations performed on -- during this stay at the hospital (nursing home)?</p> <p>-----</p>	7a.	Y o N (Next Hosp)														
<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>	b.															
<p>c. Any other operations during this stay?</p>	c.	Y (Describe) _____ N														
<p>FOOTNOTES</p>																
P2	<p><small>A Condition page is required if there is an entry of "1" or more nights in 5b. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required hospitalizations.</small></p>															

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