

HOSPITAL PAGE		1. Person number _____		
<p>You said that -- was in the hospital (nursing home) during the past year. USE YOUR CALENDAR 2. When did -- enter the hospital (nursing home) (the last time)? Make sure the YEAR is correct</p>		2. Month	Date	Year 19 ____
<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>		4. _____ Nights		
<p>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?</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: } If "NO," ask: } Show CAUSE, KIND, and Was this a normal delivery? } What was the matter? } PART OF BODY in same For newborn, ask: } } detail as required for the Was the baby normal at birth? } } Condition page.</p>		<p>6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth</p> <p>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>		7a. Y o N (Next Hosp)		
<p>b. What was the name of the operation? If name of operation is not known, describe what was done.</p>		b. _____		
<p>c. Any other operations during this stay?</p>		<p>Y (Describe) <u>7</u> N</p> <p>c. _____</p>		
FOOTNOTES				
P2		<p>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.</p>		